

Faculty Evaluation Form

*This form is for annual evaluations of all faculty, regardless of type of appointment.
All faculty are required to be evaluated annually per State Bar rule, Guideline 4.7.*

Department: _____ Date of Review: _____

Faculty member: _____ Effective hiring date: _____

Academic rank: _____ Since: _____ Highest degree: _____

Number of years of teaching experience: _____

Purpose of review:

- ____ Probationary/tenure track
- ____ Tenure
- ____ Promotion
- ____ Annual

Period covered by the review (include the year)

- ____ Academic Year ____
- ____ Fall only ____
- ____ Spring only ____
- ____ Other (specify) _____

1. Workload Expectations:

% Scheduled Teaching	% Scholarly/Research Activity	% Service	% Administration	% Other Activities
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2. Evaluation: Directions: Use the following five categories to describe the faculty member’s performance relative to the expectations and goals (i.e., Position job Description). A thorough narrative commentary must be provided to justify each selection. Mere selection of a category does not constitute evaluation and will not be accepted.

Exceptional Performance: Designation used in extremely rare cases where the faculty member merits special recognition for unequivocally superior and exceptional performance (i.e., excellent student reviews, community service to the school). Supporting evidence must be presented in the narrative.

Exceeds Expectations: Designation used to indicate that certain aspects of the faculty member’s performance substantially and frequently exceed that described in their position description. Supporting evidence must be presented in the narrative.

Meets Expectations: Designation used when the faculty member’s performance is of high quality, fulfills expectations, and periodically may exceed them as described in his/her position description.

Requires Development: Designation used to indicate that certain aspects of the faculty member’s performance does not consistently meet expectations and require improvement. The narrative must address ***specific areas*** that need improvement and include goals to get there.

Unsatisfactory: Designation used in cases where work is below the basic requirements of the job description and improvement is required, are not meeting professional obligations, or are simply incompetent. ***Strong*** supporting evidence must be presented in the narrative.

SCHEDULED TEACHING

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

SCHOLARY/RESEARCH ACTIVITY

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

SERVICE TO THE SCHOOL COMMUNITY

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

CLASSROOM ADMINISTRATION (GRADES, ATTENDANCE, SYLLABUS TURNED IN ON TIME)

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

OTHER ACTIVITIES

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

3. FCC Evaluations Committee (List all committee members and include committee chair signature)

Committee Chair _____
Signature Date

4. Department Chair's Evaluative Narrative (Required for all faculty. Fill in or attach separate page):

Was this evaluation made in accordance with a set of written departmental evaluation procedures on file in the College office and communicated to faculty member? Yes No

Department Chair _____ Signature
Date

5. Faculty Member:

I have been given the opportunity to review the contents of my file. Yes No

I have seen this evaluation and discussed it with the appropriate departmental representative.
 Yes No

Check one as appropriate.

I agree with the evaluation.

I disagree with all or part of the evaluation.

I disagree with all or part of the evaluation and intend to give my department chair a written statement within five working days.

Faculty Member

Signature Date

6. Dean's Comments:

Dean

Signature Date