**Evaluator(s):**

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| --- | --- |
| Immediate Supervisor | School RPT Committee |

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| --- | --- |
| **Name(s):** |  |

**Faculty Information:**

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| --- | --- | --- | --- |
| **Name:** |  | **School:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Period:** | May 15th, |  | through May 14th, |  |

**Faculty Rank:**

|  |  |  |  |
| --- | --- | --- | --- |
| Instructor | Assistant Professor | Associate Professor | Full Professor |

**Faculty Position Type:**

|  |  |  |
| --- | --- | --- |
| Probationary | Tenured | Term |

**Directions:**

Provide qualitative ratings of the faculty member’s performance in each of the following five (5) sections (teaching, professional development/scholarship, service, release time and non-load bearing supplemental/special assignments, and Collegiality) using the rating system given below. Include any specifics for each of the number items that are determined to be relevant for both the proceeding evaluation activities and for the constructive feedback to the faculty member. If there are no such specifics, please note that on each numbered item. For faculty without a release time or supplemental assignment that section is not applicable. For term faculty, only complete those sections applicable depending on the job description. If a section is not applicable, answer with N/A. Collegiality is applicable to all faculty regardless of rank, seniority, or position type.

**Rating System:**

*Exceeds Expectations*: Means the faculty member was highly effective

*Meets Expectations*: Means the faculty member was effective

*Met with Concerns*: Means the faculty member was effective but there is obvious room for improvement

*Needs Significant Improvement*: Means the faculty member was minimally effective

*Unsatisfactory*: Means the faculty member was not effective

*Not Applicable*: Does not apply to the faculty member

# Teaching

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| --- |
| Exceeds Expectations  Meets Expectations  Met with Concerns  Needs Significant Improvement  Unsatisfactory |

## Evaluation of teaching, covering both assigned courses and additional activities.

## Evaluation of efforts to improve teaching.

## Evaluation of assessment activities.

## Evaluation of progress on the goals and the actions that were taken to address the areas for improvement from the prior year.

## Evaluation of successful practices and goals/suggestions for improvement for the coming year.

# Professional Development/Scholarship

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| --- |
| Exceeds Expectations  Meets Expectations  Met with Concerns  Needs Significant Improvement  Unsatisfactory  Not Applicable\*  \*For term faculty whose duties do not include professional development/scholarship |

## Evaluation of professional development activities, including those that may not have been successful (e.g. unfunded proposals, rejected papers, etc.).

## Evaluation of progress on the goals and the actions that were taken to address the areas for improvement from the prior year.

## Evaluation of successful practices and goals/suggestions for improvement for the coming year.

# Service

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| --- |
| Exceeds Expectations  Meets Expectations  Met with Concerns  Needs Significant Improvement  Unsatisfactory  Not Applicable\*  \*For term faculty whose duties do not include service |

## Evaluation of advising activities.

## Evaluation of service activities to the students, school/department, college, university, profession, and community.

## Evaluation of progress on the goals and the actions that were taken to address the areas for improvement from the prior year.

## Evaluation of successful practices and goals/suggestions for improvement for the coming year

# Release Time and Non-Load Bearing Supplemental/Special Assignments (if applicable)

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| --- |
| Exceeds Expectations  Meets Expectations  Met with Concerns  Needs Significant Improvement  Unsatisfactory  Not Applicable\*  \*For faculty who do not have release time or non-load bearing supplemental/special assignments |

## Evaluation of release time and non-load bearing supplemental/special assignments.

## Evaluation of progress on the goals and the actions that were taken to address the areas for improvement from the prior year.

## Evaluation of successful practices and goals/suggestions for improvement for the coming year

# Collegiality

|  |
| --- |
| Exceeds Expectations  Meets Expectations  Met with Concerns  Needs Significant Improvement  Unsatisfactory |

## Evaluation of actions, activities, and contributions related to creating a work environment where responsibility and authority are shared equally by colleagues.

**Evaluators Signature:**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluator1: |  | Date: |  |

1Immediate Supervisor or School RPT Committee Chair.

**Faculty Members Response (Optional):**

After receiving the evaluation, the faculty member has the option of providing a written response to this evaluation. The faculty member should write their response in the space below and return this form to the evaluator. The due date for the response to the Immediate Supervisor is August 30th, whereas for the School RPT Committee it is by November 15th.

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**Faculty Members Signature:**

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Member2: |  | Date: |  |

2Signing this form signifies receipt, but not necessarily agreement.