|  |  |  |  |
| --- | --- | --- | --- |
| Employee name and title | [Employee name], [Title] | Evaluation for the period: | [Start date] – [End date] |
| Supervisor name and title | [Supervisor name], [Title] | Department: | [Department] |

1. Faculty will be assessed in the performance of Faculty duties which include: Meeting their workload standards; engaging in activities for the benefit of the college.
2. Continuing Professional Development
3. Currency in the scope of their discipline area knowledge
4. Feedback from Faculty and Students and the Faculty member’s self-evaluation
5. Employer Feedback, if appropriate
6. Service to the College and Community
7. Assessment of Student Learning
8. Adherence to professional codes of conduct
9. Student Success

# GOALS AND OBJECTIVES DURING THIS EVALUATION PERIOD

* [Goals and objectives]
* [Goals and objectives]
* [Goals and objectives]
* [Goals and objectives]
* [Goals and objectives]
* [Goals and objectives]

# OVERALL EFFECTIVENESS IN THE PERFOMANCE OF FACULTY DUTIES

* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]

#  PROFESSIONAL DEVELOPMENT and Currency in the Scope of discipline

* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]

# COLLEGE and Community SERVICE

* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]

# STUDENT and or Employer FEEDBACK

* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]

#  Assessment of Student learning

* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]

#  Professionalism

* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]

#  Student success

* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]

#  GOALS AND OBJECTIVES FOR NEXT EVALUATION PERIOD

* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]
* [Evaluation]

#  OVERALL RATING

[ ]  Meets standards

[ ]  Does not meet standards

[ ]  REQUIRES A PERFORMANCE IMPROVEMENT PLAN

# Is a Professional improvement Plan required? [ ]  Yes [ ]  no

If yes, please complete the PIP form.

FACULTY CONFERENCE HELD: No DATE HELD: [Date Held]

Comments: [Comments]

#  FACULTY AND supervisor signatureS

Your signature does not necessarily indicate agreement with this evaluation and is required only to indicate that you have had an opportunity to review it and discuss the contents with your supervisor.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name | [Employee name] | Name | [Supervisor name] |
| Date |  | Date |  |
| PROVOST SIGNATURE |  | DATE |  |