

Note: This evaluation form is applicable to instructional faculty only.

Name		ID or SSN	Position Number	HR Processed	
				Date	By
Discipline/Area		Location	Supervising Dean		
Pre-Evaluation Conference Date	Formal Observation Date	Duration	Tenured <input type="checkbox"/> Yes <input type="checkbox"/> No		

I. Faculty Report on Primary and Other Responsibilities:

The instructor is responsible for completing this section in May of the academic year. The dean will conduct the formal observation during the subsequent academic year. By completing this section, the instructor affirms that he/she has met the primary and other professional responsibilities as contained in the FUSA Agreement, or as indicated on the End-of-Term Report Form.

A. Attended all scheduled classes except when on approved leave.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

B. Attended required scheduled in-service activities except when on approved leave.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

C. Maintained required office hours, except when on approved leave, and was available for additional office hours by appointment.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

D. Participated in developing, revising, and implementing a course or program as needed.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

E. Served on textbook committees when needed.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

F. Attended all cluster meetings unless on approved leave or fulfilling a previously scheduled college or academic-related commitment or medical appointment.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

I. Faculty Report on Primary and Other Responsibilities (continued):

G. Attended all required scheduled district-wide, campus-wide and area meetings unless on approved leave.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

H. Developed a syllabus that clearly defined the grading policy which enabled the student to determine how the course grade would be calculated.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

I. Developed a syllabus that clearly defined course outcomes.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

J. By the end of the second week of class, distributed the syllabus to students and provided the dean with a copy.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

K. Endeavored to provide accommodation for disabled students as recommended by the coordinator of services for students with disabilities.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

L. Attended graduation unless excused or on approved leave.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|--------------------------------------|------------------------------|-----------------------------|------------------------------|

The following section is to be completed by the dean prior to the post-observation meeting:

Relative to the Primary and Other Responsibilities, provide examples of strengths:

Provide areas needing improvement, if any:

Other comments:

II. Faculty Development, Self-Assessment, and Goal Setting Report:

(The instructor is responsible for completing this section in May of the academic year. The dean will conduct the formal observation during the subsequent academic year.)

Accomplishments During Current Academic Year

1. Campus, college or educational committees

2. Community or professional projects

3. Professional organizations, publications, or presentations of scholarly or professional work

4. Students' success, retention, and placement (data elements to be determined by committee)

5. Instructional development, such as enhanced teaching strategies, modifying syllabus as appropriate, developing courses, etc.

6. Service within the cluster, such as leadership and program review

7. Other contributions

Goals for Upcoming Academic Year

1.

2.

3.

4.

III. Faculty Development Activities for the Evaluation Period: (The instructor is responsible for completing this section in May of the academic year .)

Date	Activity	Location	Number of Hours

IV. Formal Observation (to be conducted by supervising dean):

The instructor

- communicated enthusiastically about the subject matter.
- communicated clearly.
- presented course content effectively.
- demonstrated knowledge of the subject.
- related the assignments and course activities to course outcomes.
- followed scheduled time frames.
- used time effectively.
- was well prepared and organized.
- encouraged relevant expressions of students' opinions.
- treated students with respect.

Relative to the above attributes, provide examples of strengths noted during formal observation(s), in narrative form:

Provide areas needing improvement, if any:

V. Other Supervising Dean Comments:

VI. Based upon this evaluation, I consider the faculty member's overall performance to be:

- satisfactory (signatures required below).
- acceptable, but some improvement needed (complete next section).
- improvement needed (complete next section).
- unsatisfactory with serious deficiencies noted (complete next section).

VII. Plan of Action:

A. Time-frame set for determining improvement:

B. Consequences, if no improvement:

Supervising Dean's Signature	Date	Faculty Member's Signature	Date
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