

Note: This evaluation form is applicable to librarian 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. Librarian Report on Primary and Other Responsibilities:

The librarian 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 librarian 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. Maintains required work hours scheduled by the library faculty's supervising dean for the campus.

- | | | | |
|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Participated in collection development and maintenance.

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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. Served as cluster officer or on cluster subcommittee 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 |

E. 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 |

F. 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 |

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

G. Provided library services to students in a professional manner.

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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. 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 |

I. 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. Librarian Development, Self-Assessment, and Goal Setting Report:

(The librarian is responsible for completing this section in May of the 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. Librarian Development Activities for the Evaluation Period:
 (The librarian is responsible for completing this section in May of the current academic year.)

Date	Activity	Location	Number of Hours

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

The librarian

- was enthusiastic during the presentation to the students.
- was well organized and well prepared.
- demonstrated knowledge of the library facility.
- demonstrated knowledge of information science.
- demonstrated knowledge of library technologies immediately available to students.
- utilized germane and clearly understood handouts, multimedia presentations or other materials.
- used time wisely.
- treated students with respect.
- answered student's questions clearly.
- made the orientation or activity relevant to student needs.

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 librarian'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

Librarian Signature

Date