

**INSTRUCTIONAL FACULTY
EVALUATION PERFORMANCE REVIEW**

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

Name		Colleague ID (Not SSN)	Position Number	HR Processed	
				Date	By
Discipline/Area		Location	Supervising Dean		
Pre-Evaluation Conference Date	Formal Observation Date		Duration	Tenure Status	

I. During the official observation, the following attributes were noted:

The instructor

- Was enthusiastic about the subject matter.
- Demonstrated knowledge of subject.
- Was punctual in starting and ending class.
- Spoke clearly.
- Presented material clearly.
- Was well prepared.
- Used time efficiently.
- Treated students with respect.
- Related the assignments and lecture to text/course content.
- Encouraged relevant expressions of students' opinions.

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

Areas needing improvement, if any:

II. Primary and Other Responsibilities:

The instructor has met the primary and other professional responsibilities as contained in the FUSA Agreement, or as indicated on the End-of-Term Form.

1. Attended all scheduled classes except when on approved leave.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A
2. Attended required scheduled in-service activities except when on approved leave.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A
3. Maintained required office hours, except when on approved leave, and was available for additional office hours by appointment.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A
4. Participated in developing, revising, and implementing a course or program as needed.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A
5. Served on textbook committees when needed.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A
6. Attended all cluster meetings unless on approved leave or fulfilling a previously scheduled College or academic-related commitment or medical appointment.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A
7. Attended all required scheduled district-wide, campus-wide and area meetings unless on approved leave.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A
8. Developed a syllabus that clearly defined the grading policy which enabled the student to determine how the course grade would be calculated.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A
9. Developed a syllabus that clearly defined course objectives.
 Fall Term Yes No N/A
 Spring Term Yes No N/A
 Summer Term Yes No N/A

10. 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 |

11. 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 |

12. Attended graduation unless excused or on approved leave.

- | | | | |
|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

III. Other Supervising Dean Comments:

Note: The administration is normally expected to document problems. When documentation exists, it will be provided for any items marked "no" under II above and in support of any supervisory comments made in III.

IV. 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.)

V. Plan of Action:

A. Time-frame set for determining improvement:

B. Consequences, if no improvement:

<i>Supervising Dean's Signature</i>	<i>Date</i>	<i>Faculty Member's Signature</i>	<i>Date</i>

Distribution: Original – Personnel File Copy – Faculty Member