FACULTY ANNUAL EVALUATION FORM

# PART A TO BE COMPLETED BY FACULTY UNIT MEMBER

Name: Click or tap here to enter text.

College: Choose an item.

Academic Year: Choose an item.

Academic rank: Choose an item. and date granted: Click or tap here to enter text.

Percentage Effort for the Current Evaluation Period:

 **Percentage of Effort Self Evaluation**

**Teaching:** Choose an item.Choose an item.

**Advising:** Choose an item.Choose an item.

**Scholarship:** Choose an item.Choose an item.

**Service:** Choose an item.Choose an item.

***Self-evaluation:***

# TEACHING:

I have Choose an item. the requirements for teaching during this academic year.

List and provide a description of your most impactful or significant contributions to teaching (Limit: 2 pages).

# ADVISING:

**I have Choose an item. the requirements for** **academic advisement during this academic year.**

List and provide a description of your most impactful or significant contributions to academic advisement (Limit: 2 pages).

# SCHOLARSHIP:

**I have Choose an item. the requirements for** **research during this academic year.**

List and provide a description of your most impactful or significant contributions in research, scholarship, or creative activity (Limit: 2 pages).

# SERVICE:

**I have Choose an item. the requirements for service during this academic year.**

List and provide a description of your most impactful or significant contributions to the university, your discipline or profession, and the community (Limit: 2 pages).

**Optional supporting material: faculty may include up to three items to supplement the information provided above.**

(Please refer to the Faculty Annual Review Process guidelines)

# INSTITUTIONAL PRIORITIES:

The institutional priorities identified through 2027 include student success (i.e. retention, graduation rates) enrollment, and research productivity. If you believe you are eligible for salary consideration due to notable contributions toward the institutional priorities, describe those contributions below.

Enrollment:

Student Success:

Research:

Percentage Effort for the Next Academic Year (Summer to Spring):

 **Percentage of Effort**

**Teaching:** Choose an item.

**Advising:** Choose an item.

**Scholarship:** Choose an item.

**Service:** Choose an item.

An annual professional development plan is required for all Tenure-Track Faculty, recommended for Tenured Associate Professors, and optional Tenured Professors.

Select one:

Choose an item. Completing PDP

Anticipated date of tenure or promotion application:

Choose an item. Not Completing PDP

Explain:

**Professional Development Plan (limit three single space pages):**

What do you hope to accomplish in the upcoming year.

**Teaching:**

**Advising:**

**Research, Scholarship or Creative Activity:**

**Service:**

# PART B TO BE COMPLETED BY IMMEDIATE ADMINISTRATIVE SUPERVISOR

Supervisor: Click or tap here to enter text.

Title: Choose an item.

Indicate your assessment of the faculty member's performance by explaining if, consistent with standards of the institution outlined in the Faculty Annual Review Process document, the faculty member substantially exceeded, exceeded, met, or did not meet the level of performance reasonably expected of a faculty member with like tenure status and comparable professional responsibilities and resources. The explanation must indicate the consideration given to rank~~;~~ experience and tenure status; and professional responsibilities and resources. Separate ratings must be given for teaching, including separate mention of academic advisement, research, and service responsibilities. In each instance, the supervisor must identify the specific activities, or lack thereof, that warrant the rating.

Evaluation and Percentage Effort for the Current Evaluation Period:

 **Percentage of Effort Supervisor Evaluation**

**Teaching:** Choose an item.Choose an item.

**Advising:** Choose an item.Choose an item.

**Scholarship:** Choose an item.Choose an item.

**Service:** Choose an item.Choose an item.

***Evaluation: (Does Not Meet, Meets, Exceeds, Substantially Exceeds)***

Comment:

**Explanation of Teaching Evaluation:**

**Explanation of Advising Evaluation:**

**Explanation of Research, Scholarship or Creative Activity Evaluation:**

**Explanation of Service Evaluation:**

Comment about progress towards achieving the levels of performance that, in keeping with institutional standards, justify a recommendation for promotion to a more senior rank or award of tenure. Comments must address each area of professional responsibility.

**Comments regarding Teaching:**

**Comments regarding Advising:**

**Comments regarding Research, Scholarship or Creative Activity:**

**Comments regarding Service:**

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Signature of Supervisor Date

# PART C FACULTY EVALUATION ACKNOWLEDEMENT

I have received these comments and ratings from my immediate supervisor. I understand that I have the right to respond to these comments and ratings in writing below within ten (10) working days after receipt of this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Member Date

I have seen my anticipated workload for the upcoming academic year, and I understand the anticipated workload calculation. \_\_\_\_\_\_\_\_\_\_\_\_ (initial)

Faculty Member– I should like to add:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Member Date

Provost - I have reviewed these comments and ratings. I should like to add:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Provost Date

I have received these comments from the Provost. I understand that I have the right to respond to these comments and ratings in writing below within five (5) working days after receipt of this document. The response will be attached to the evaluation before it is forwarded to the President. The dean or Provost will make appropriate comments to the President about performance, contract renewal, salary increase, promotion, or tenure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Member Date

Faculty Member– I should like to add:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Member Date