

Appendix G

Instructional Faculty Evaluation Form

Instructor's Name: _____ Division: _____

Evaluator's Name: _____ Period covered. From: _____ To: _____

Annual Review Step Increase Contract Renewal 6 Months Review Other

Supervisor's summative review section (chair, state campus director, or other supervisor. Respond to applicable sections)	Satisfactory	Needs Improvement (include specifics in comments)
1. SUBJECT MATTER CONTENT (shows good command and knowledge of subject matter of the course)		
2. STUDENT LEARNING OUTCOMES (shows responsibility for student progress toward achieving stated learning outcomes, communicates desired learning outcomes to the students, shows a commitment to effectiveness in producing those learning outcomes)		
3. ORGANIZATION (organization of subject matters; methods of presentation, evidence of preparation; thoroughness; clear objectives; emphasis and summary of main points, meets class at scheduled time)		
4. RAPPORT (holding interest of students; commanding their respect; fairness and impartiality; encourages participation)		
5. TEACHING METHODS (use of teaching aids, materials, and techniques; variety; balance; imagination)		
6. PRESENTATION (delivery; projection; clarity and precision; use of English)		
7. MANAGEMENT (attention to classroom routine; leadership ability; discipline and control)		
8. PROFESSIONALISM (adheres to the professional code of ethics)		
9. SENSITIVITY (exhibits sensitivity to students' and colleagues' personal culture, and gender differences, in a non-threatening learning environment)		
10. ASSISTANCE TO STUDENTS (assists students with academic problems, participates in college advising system)		
11. PERSONAL (evidence of self-confidence; professional appearance)		
12. DIVISION RESPONSIBILITIES (recommends textbooks, performs assigned duties during registration, presents problems and recommendations to supervisor, prepares course outlines, submits syllabi, maintains regular office hours, submits deficiency lists, submits grades, submits other required reports)		
13. SERVICE TO COLLEGE AND COMMUNITY (attends and participates in commencement exercises, attends assigned committee meetings, service to the community)		

Copy to Employee, copy to Immediate Primary and Secondary Supervisors, Campus Director, Director of Academic Program, Director of Vocational Program, and original copy to Personnel File

This section is for faculty with chair responsibilities

Supervisor's summative review section <small>(state campus director, or other supervisor. Respond to applicable sections)</small>	Satisfactory	Needs Improvement <small>(include specifics in comments)</small>
C1. DUTY COMPREHENSION (shows good understanding of his or her duties as a supervisor)		
C2. PLANNING (shows ability to effectively prioritize, create time lines, and delegate tasks to their staff)		
C3. MENTORING (works with staff and/or faculty if appropriate to improve their job performance throughout the year)		
C4. LEADERSHIP (inspires and directs faculty member to achieve department and institution goals)		
C5. COMMUNICATION (keeps faculty/staff informed on items that affect their jobs)		
C6. FAIRNESS (treats staff/faculty equally and consistently over time)		
C7. CONFLICT RESOLUTION (proficient at handling conflict in their department)		
C8. EVALUATION (follows through on the performance evaluation process)		

EMPLOYEE'S COMMENTS:

Copy to Employee, copy to Immediate Primary and Secondary Supervisors, Campus Director, Director of Academic Program, Director of Vocational Program, and original copy to Personnel File

Employee: My signature below indicates that I have read and discussed this evaluation with my supervisor(s).

Employee's Signature Date

Primary Supervisor or Coordinator

My signature below indicates that I have discussed the evaluation with the employee, given a copy of this evaluation to the employee, regularly and directly observed the performance of the employee on the job factors which I have evaluated, and read and understood the Performance Evaluation instructions.

Supervisor's Signature Date Co-Supervisor's Signature Date

Vice President of Instructional Affairs (VPIA)

My signature below indicates that I concur with the supervisory rating evaluation of the employee and approve the recommended rating.

VPIA's Signature Date

HUMAN RESOURCES OFFICE
(for HRO use only)

Received By: _____ Date: _____ Time: _____

Salary Increment Increase Effective Date: _____ Step: _____ Amount: \$ _____

Contract Renewal Effective Date: _____ NTE: _____ Step: _____ Amount: \$ _____

Human Resources Director: _____
Signature Processing Date