**Faculty Evaluation Form**

**Full Professor, Professor of Library, Senior Lecturer**

**To be completed every five years and submitted to Area Chair**

**Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Evaluation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Faculty Evaluation form is the College’s assessment tool to review the overall performance of full-time, faculty who are not currently applying for promotion. The form, associated data, and Professional Reflection are to be completed by the faculty member and sent to the Area Chair by **April 1**. The faculty member may have a consultation meeting with the Department Chair prior to sending the review packet to the Area Chair. The Area Chair may consult with the Department Chair for clarification of any questions and may request additional information or materials from the faculty member. Upon review of the submitted materials, the Area Chair will meet with the faculty member, who may choose to have the Department Chair present. The Area Chair will send a written summary to the faculty member and Department Chair, both of whom may offer a written response. The review will be sent to the Provost’s Office by **September 30**.

**Data to be included the review packet *covering only the current evaluation period*, preferably in the following order:**

This form, including the reflection portion

Area Chair’s letter for last evaluation period

Current CV

Student evaluation numerical data, including College summaries

A representative sampling of the full set of responses to narrative course evaluation questions

Representative syllabi

Reprints or preprints or other relevant documentation of scholarship (e.g., play bills, grant proposals, etc.) (if applicable)

List of significant service activities on Committees of the Faculty and Committees of the College (if applicable)

A bulleted list of reassigned time and explanation

Signature of faculty member upon packet submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Area Chair upon completion of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*Professional Reflection:* Please reflect *in no more than two pages* on your teaching, scholarship, service, advising, and other faculty activities during this review period only.

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| --- |
| What specific goals did you have regarding your teaching since your last review period? Reflect briefly on your successes and challenges in terms of pedagogy / best-practices you have employed in the service of student-learning, particularly as this relates to your teaching goals or philosophy. Reference any feedback you have received about your teaching, including a synthesis of the average numerical student scores, narrative comments since your last evaluation, or any other forms of feedback you have received, all within the context of your teaching goals. Reference your prior review documents as appropriate.  |
| Expand as needed |
| What were your scholarship/creative goals for this evaluation period? Reflect on your successes and challenges in this area. (Required for Full Professors and Professors of Library. Optional for Senior Lecturers) |
| Expand as needed |
| What significant service activities have you had during this evaluation period. (Required for Full Professors and Professors of Library. Optional for Senior Lecturers) |
| Expand as needed |
| Reflect on what excites you about your work. What might we (your department, colleagues, or others) do to best support your interests?  |
| Expand as needed |
| In light of your work this review period, what specific goals can you set for the next review period? Be as specific and concrete as possible, thinking about how achievement of these goals will be measured and attained within the given review period. |
| Expand as needed |

**AREA CHAIR’S COMMENTS**

**Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Evaluation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Upon reviewing all the provided information, comment briefly on the faculty members’ effectiveness, progress, and contributions in each area, as well as stated goals.