

**Faculty Evaluation: Academic Department**

(To be completed by faculty member and department chair. Copy this template and complete for each relevant workload component including teaching, research, institutional service, and clinical service.

Workload Component \_\_\_\_\_ Weekly contracted hours \_\_\_\_\_

**Self Assessment (Faculty Member):** Please describe your major accomplishments in this area this year. Comment on the extent to which you feel you met the goals from your previous evaluation. Include the challenges you have faced during this academic period, and the approach you took to address each challenge.

**Evaluation (Chair):** Considering their workload allocation and rank, rate the faculty member’s performance in this category:

Needs Improvement      Meets Expectations      Exceeds Expectations      Outstanding

Please provide feedback on their accomplishments, strengths, weaknesses, and response to challenges.

**Future Plans and Projected Outcomes**

Faculty member should list major goals for the upcoming year and the measurable outcomes that would indicate achievement of each goal. Faculty member and supervisor should discuss action items and support needed to achieve their goals.

<b>Goals and Outcomes (Faculty Member)</b>	<b>Comments/Plans for Faculty Support (Chair)</b>

**Department Chair:** Rate plans based on academic rank and allocated workload. The Chair's assessment of plans should be explained in the Chair's comments above.

Overly Demanding Plans

On Target Plans

More Challenging Plans Needed

The faculty member may respond the evaluation or provide additional comments after discussing and/or revising the annual performance evaluation with your Chair (optional).

**Administrative Evaluation: Administrative Office**

(To be completed by faculty member and administrative supervisor)

Weekly contracted hours in Administrative Service: \_\_\_\_\_

**Self Assessment (Faculty Member):** Please describe your major accomplishments in your administrative role this year. Comment on the extent to which you feel you met the goals from your previous evaluation. Include the challenges you have faced during this academic period, and the approach you took to address each challenge.

**Evaluation (Supervisor):** Please rate the faculty member’s administrative service:

Needs Improvement      Meets Expectations      Exceeds Expectations      Outstanding

Please provide feedback on their accomplishments, strengths, weaknesses, and response to challenges.

**Future Plans and Projected Outcomes**

Faculty member should list major goals for the upcoming year and the measurable outcomes that would indicate achievement of each goal. Faculty member and chair should discuss action items and support needed to achieve their goals.

<b>Goals and Outcomes (Faculty Member)</b>	<b>Comments/Plans for Faculty Support (Supervisor)</b>

**Evaluation Summary**

(All information in this template will be entered and documented in Greenshades)

**Section 1. Faculty Service**

(To be completed by Academic Department Chair)

Name of faculty member being evaluated \_\_\_\_\_

Name of department chair providing evaluation \_\_\_\_\_

**Chair's Evaluation Summary:**

Please provide an overall performance evaluation for all areas in which you evaluated the faculty member:

Needs Improvement      Meets Expectations      Exceeds Expectations      Outstanding

Please provide a rationale for your decision highlighting any significant accomplishments or concerns leading to your overall evaluation, and any recommendations for future success:

**Section 2. Administrative Service**

(To be completed by administrative supervisor if applicable)

Name of Supervisor providing evaluation: \_\_\_\_\_

Please provide an overall performance evaluation for administration (circle one):

Needs Improvement

Meets Expectations

Exceeds Expectations

Outstanding

Please provide a rationale for your decision highlighting any significant accomplishments or concerns leading to your overall evaluation, and any recommendations for future success:

**Section 3. Faculty Response (optional)**

The faculty member may respond the evaluation or provide additional comments after discussing and/or revising the annual performance evaluation with your supervisor.

**Section 4: Signatures Verifying Satisfactory Completion of Annual Faculty Evaluation**

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/CAO: \_\_\_\_\_ Date: \_\_\_\_\_