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| RATED EMPLOYEE IDENTIFICATION | |
| ***Name of Faculty (Last, First, MI)*** | ***Name of Reviewer***  Click here to enter text. |
| ***Title***  Click here to enter text. | ***Reviewer Title***  Click here to enter text. |

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| Section I - To be completed by faculty member |
| Position Description Review |
| ***1. Specify suggested additions, deletions, or revisions to the position description for supervisor review. If no changes necessary, type N/A***  Click here to enter text. |

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| *2.* |
| ***A. Areas of good or exceptional work specific to the position description above minimum job requirements.***  Click here to enter text. |

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| ***B. Goals from last review year and actions taken.***  Click here to enter text. |

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| ***C. Challenges to improve during the upcoming year to enhance position or professional ability, including requests for professional***  ***development and rationale, and position-specific goals for the upcoming year.***  Click here to enter text. |

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| *3. College and Community Service* |
| All employees are encouraged to participate in some form of college service and/or community engagement. Examples include various drives and festivals, special events, presenting at state and national conferences, and other activities that support student learning and College-related community engagement. Please provide a list of activities you volunteered for or participated in during the reporting period.  Click here to enter text. |

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| *4. Professional Development* |
| List all professional development accomplished during the reporting period.  Click here to enter text. |
| Section II - To be completed by the Reviewer. |
| ***5. Provide specific comments to each of the following as your personal assessment of accomplishment of the tasks expected to be completed for this review year. Comment specifically on the following areas:*** |
| ***Develop and consistently adapt courses (through the use of detailed, action-based assessment) to provide students with thorough, engaging educational experiences.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Needs Improvement [] Unsatisfactory  Click here to enter text. |

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| ***Develop positive, professional relationships with department members, the Division Chair, the Chief Academic Officer, and other colleagues for continued growth and quality of the curriculum, which includes active participation in departmental assessments. Also serve on institutional committees as assigned to develop and enhance programs and services.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Needs Improvement [] Unsatisfactory  Click here to enter text. |

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| **Completion of Expected Job Duties** | | |
| **Expected Job Duty** | **Completed** | **Comments** |
| Timely Submission of Mid-Term and Final Grades | []Yes [] No | Click here to enter text. |
| Timely Maintenance of Attendance and Gradebook | []Yes [] No | Click here to enter text. |
| Regular Interaction and Timely Feedback to Students within Courses | []Yes [] No | Click here to enter text. |

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| **Student Evaluation Results** | | |
| **Course** | **Results** | **Comments** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **\* For Program Directors Only** |
| ***Provide leadership, direction, and oversight to all assigned course offerings, as well as work effectively with the Division Chairperson and Chief Academic Officer, to develop, enhance, and promote curriculum and the program, which includes active participation in student recruitment.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Needs Improvement [] Unsatisfactory  Click here to enter text. |

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| ***6. Overall Evaluation***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Needs Improvement [] Unsatisfactory  ***Comments on Overall Job Performance:***  Click here to enter text.  ***Goals for the Upcoming Evaluation Year:***  Click here to enter text.  \*\* Please attach documentation of classroom observation and/or online course evaluation. |

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| ***I, the supervisor, have discussed this review with the Faculty member. The goals developed are a basis for the next annual review.*** | |
| Supervisor Signature | Date |
| ***I, the Faculty member, have discussed this review with my supervisor. (Initial as appropriate)*** | |
| \_\_\_\_\_ I agree with this review  \_\_\_\_\_ I do not agree with this review  I understand that my position description and new goals identified will be the basis for my next review. (Additional documentation should be added to clarify if the Faculty member disagrees with the evaluation). | |
| Faculty Member Signature | Date |

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| ***I have reviewed this professional review*** | |
| Chief Academic Officer’s Signature | Date |