## Instructional Faculty Evaluation Performance Review Form

Name	B#					
Discipline/Ins	stituteCampus					
Supervising Provost						
Pre-Evaluatio	n Conference Date Class Observation Date					
Hire Date	TenuredYesNo Performance Review Date					
	aculty Self-Evaluation: ne faculty member is responsible for completing and submitting this section prior to the faculty scheduled performance review.					
a.	Attended all scheduled classes except when on approved leave.  A. Fall TermYesNoN/A  B. Spring TermYesNoN/A  C. Summer TermYesNoN/A					
b.	Attended required scheduled in-service activities except when on approved leave.  A. Fall TermYesNoN/A  B. Spring TermYesNoN/A					
C.	Maintained required office hours.  A. Fall TermYesNoN/A  B. Spring TermYesNoN/A  C. Summer TermYesNoN/A					
d.	Participated in developing, revising and implementing a course or program as needed.  A. Fall TermYesNoN/A  B. Spring TermYesNoN/A  C. Summer TermYesNoN/A					
e.	Served on textbook committees when needed.  A. Fall TermYesNoN/A  B. Spring TermYesNoN/A					
f.	Attended all cluster meetings unless on approved leave or fulfilling a previously scheduled college or academic-related commitment.  A. Fall TermYesNoN/A  B. Spring TermYesNoN/A					
g.	Attended all required scheduled college-wide, campus-wide and area meetings unless on approved leave.  A. Fall TermYesNoN/A  B. Spring TermYesNoN/A  C. Summer TermYesNoN/A					

n.		ne how the course g	•	_	• •	in enabled the s	ludent to
		Fall Term					
	R.	Spring Term	Yes	No _	N/A		
		Summer Term					
i.	Develop	ed a syllabus that c	learly defined	d the co	urse competencie	s or objectives.	
						20. 00,000. 700.	
	В.	Fall Term Spring Term	Yes	No _	N/A		
	C.	Summer Term	Yes	No _	N/A		
j.	Distribu	ted or posted the sy	llabus to the	students	s by the end of th	e second week (	of class and
•	submitte	ed a copy to the sup	ervising admi	nistrato	or or Department	Chair.	
	A.	Fall Term	Yes _	No _	N/A		
	B.	Spring Term Summer Term	Yes _				
	C.	Summer Term	Yes _	_No _	N/A		
k.		ored to provide acco		ordisab	oled students as re	ecommended by	/ the Office for
		Fall Term	,	No	N/A		
	В.	Spring Term	Yes	No	N/A		
		Summer Term					
l.	Attendeo	d graduation ceremo	ony unless ex	cused o	or on approved lea	ave.	
	Α.	Fall Term	Yes	_No _	N/A		
	B.	Spring Term	Yes _	_No _	N/A		
By completin	g this sec	ction, I affirm that	I have met t	he prin	nary and other r	esponsibilities	as contained ir
ne faculty co	ntract.				-		
aculty signa	iture		Print nam	е	Date		
II Fa	culty Dev	velopment and Sel	f-Assessment	t			
11. 10	carry DC	volopinont and oci	. , 133033111011	·			

The faculty member is responsible for completing this section prior to the scheduled performance

C.	Professional organizations, publications, or presentations of scholarly or professional work:
d.	Attendance at professional meetings, continuing education credits, graduate level courses:

j.	The faculty member participated in community groups and professional organizations if required
	by contractYesNoN/A
k.	The faculty member participated in revision and impla@y)2(c)4(on@(on@(tETBT1 na)4(c)4(t.urse108.0@

VII.	a. b. c.	sed upon this evaluation, I consider the faculty member's overall performance to be: OutstandingSatisfactoryAcceptable, but some improvement needed (complete section below)Unsatisfactory (complete section below)
Commer	nts:	
VIII.		an of Action: Time-frame set for determining improvement.
	b.	Possible outcomes and recommendations if no improvement is seen within the allotted time period.
		Faculty Signature
		Faculty Printed Name
Date		 Date