

Instructional Faculty Evaluation Performance Review Form

Name _____ B# _____

Discipline/Institute _____ Campus _____

Supervising Provost _____

Pre-Evaluation Conference Date _____ Class Observation Date _____

Hire Date _____ Tenured ___Yes ___No Performance Review Date _____

I. Faculty Self-Evaluation:

The faculty member is responsible for completing and submitting this section prior to the faculty member's scheduled performance review.

a. Attended all scheduled classes except when on approved leave.

- A. Fall Term ___Yes ___No ___N/A
- B. Spring Term ___Yes ___No ___N/A
- C. Summer Term ___Yes ___No ___N/A

b. Attended required scheduled in-service activities except when on approved leave.

- A. Fall Term ___Yes ___No ___N/A
- B. Spring Term ___Yes ___No ___N/A

c. Maintained required office hours.

- A. Fall Term ___Yes ___No ___N/A
- B. Spring Term ___Yes ___No ___N/A
- C. Summer Term ___Yes ___No ___N/A

d. Participated in developing, revising and implementing a course or program as needed.

- A. Fall Term ___Yes ___No ___N/A
- B. Spring Term ___Yes ___No ___N/A
- C. Summer Term ___Yes ___No ___N/A

e. Served on textbook committees when needed.

- A. Fall Term ___Yes ___No ___N/A
- B. Spring Term ___Yes ___No ___N/A

f. Attended all cluster meetings unless on approved leave or fulfilling a previously scheduled college or academic-related commitment.

- A. Fall Term ___Yes ___No ___N/A
- B. Spring Term ___Yes ___No ___N/A

g. Attended all required scheduled college-wide, campus-wide and area meetings unless on approved leave.

- A. Fall Term ___Yes ___No ___N/A
- B. Spring Term ___Yes ___No ___N/A
- C. Summer Term ___Yes ___No ___N/A

- h. Developed a syllabus that clearly defined the grading policy which enabled the student to determine how the course grade would be calculated.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- i. Developed a syllabus that clearly defined the course competencies or objectives.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- j. Distributed or posted the syllabus to the students by the end of the second week of class and submitted a copy to the supervising administrator or Department Chair.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- k. Endeavored to provide accommodation for disabled students as recommended by the Office for Students with Disabilities (OSD).
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- l. Attended graduation ceremony unless excused or on approved leave.
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A

By completing this section, I affirm that I have met the primary and other responsibilities as contained in the faculty contract.

Faculty signature	Print name	Date
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II. Faculty Development and Self-Assessment

The faculty member is responsible for completing this section prior to the scheduled performance review or by April 1st, whichever comes first. This section may be completed either on paper or using the Faculty Portfolio via Banner. Dates, minutes of college meetings and proof of attendance/CEUs may be required.

- a. Campus, college, cluster or other BCC-related committees: _____

- b. Community or professional projects: _____

- c. Professional organizations, publications, or presentations of scholarly or professional work: _____

- d. Attendance at professional meetings, continuing education credits, graduate level courses: _____

- e. Instructional development such as enhanced teaching strategies, new course development, WIDS conversions, curriculum revisions, etc.: _____

- f. Other contributions: _____

III. The following section is to be completed by the Provost prior to the post-observation meeting:

- a. The faculty member posted and maintained ten (10) office hours per week.
 ___ Yes ___ No ___ N/A
- b. The faculty member accommodated students with disabilities when provided with notice by the student.
 ___ Yes ___ No ___ N/A
- c. The faculty member developed and distributed a syllabus within the first two weeks of class.
 ___ Yes ___ No ___ N/A
- d. The syllabus meets contractual requirements (see Article 8.4.D).
 ___ Yes ___ No ___ N/A
- e. The faculty member submitted class attendance and course grades by published due dates.
 ___ Yes ___ No ___ N/A
- f. The faculty member maintained required credentials for teaching their subject matter.
 ___ Yes ___ No ___ N/A
- g. The faculty member attended all discipline and curriculum cluster meetings that did not interfere with their teaching schedules or approved leave times.
 ___ Yes ___ No ___ N/A
- h. The faculty member participated in campus-wide and college-wide committees when appointed and attended all meetings that did not interfere with their teaching schedules or approved leave times.
 ___ Yes ___ No ___ N/A
- i. The faculty member attended all in-service days that did not interfere with approved leave times.
 ___ Yes ___ No ___ N/A

V. **Goals for the Upcoming Academic Year (to be filled out jointly by the Provost and the faculty member):** _____

VI. **Formal Classroom Observation (to be conducted by the supervising Provost or designee) – The faculty member:**

- a. Communicated enthusiastically about the subject matter.
 ___ Yes ___ No ___ N/A
- b. Communicated clearly.
 ___ Yes ___ No ___ N/A
- c. Presented course content effectively.
 ___ Yes ___ No ___ N/A
- d. Demonstrated knowledge of the subject.
 ___ Yes ___ No ___ N/A
- e. Related the assignments and course activities to course outcomes.
 ___ Yes ___ No ___ N/A
- f. Was well prepared and organized.
 ___ Yes ___ No ___ N/A
- g. Encouraged student participation.
 ___ Yes ___ No ___ N/A
- h. Treated students with respect.
 ___ Yes ___ No ___ N/A

Comments: _____

VII. Based upon this evaluation, I consider the faculty member's overall performance to be:

- a. Outstanding
- b. Satisfactory
- c. Acceptable, but some improvement needed (complete section below)
- d. Unsatisfactory (complete section below)

Comments: _____

VIII. Plan of Action:

- a. Time-frame set for determining improvement. _____

- b. Possible outcomes and recommendations if no improvement is seen within the allotted time period. _____

Supervisor's Signature

Faculty Signature

Supervisor's Printed Name

Faculty Printed Name

Date

Date