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.

<table>
<thead>
<tr>
<th>Faculty signature</th>
<th>Print name</th>
<th>Date</th>
</tr>
</thead>
</table>

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
j. The faculty member participated in community groups and professional organizations if required by contract.
   ___Yes  ___No  ___N/A

k. The faculty member participated in revision and implementation of courses or programs as needed.
   ___Yes  ___No  ___N/A

Comments: ________________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

IV. List the Goals from the Previous Evaluation and to what degree each was achieved.

Comments: ________________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
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