Librarian Faculty Evaluation
Performance Review Form

Name ___________________________________________  B# _______________________

Supervising Administrator __________________________  Campus ___________________
(Provost level or higher)

Pre-Evaluation Conference Date _________________  Class Observation Date ___________

Hire Date _______________  Tenured ___Yes ___No  Performance Review Date _______________

I. Library Faculty Self-Evaluation:
The faculty member is responsible for completing and submitting this section prior to the faculty
librarian’s scheduled performance review.

A. Maintained required work hours scheduled by the library faculty and supervising administrator.
   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. Participated in collection development and maintenance.
   A. Fall Term  ___Yes ___No ___N/A
   B. Spring Term  ___Yes ___No ___N/A
   C. Summer Term  ___Yes ___No ___N/A

D. 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

E. 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

F. Provided library services to students in a professional manner.
   A. Fall Term  ___Yes ___No ___N/A
   B. Spring Term  ___Yes ___No ___N/A
   C. Summer Term  ___Yes ___No ___N/A

G. Provided accommodation plans for disabled students as approved by the Office for Students
with Disabilities (OSD).
   A. Fall Term  ___Yes ___No ___N/A
   B. Spring Term  ___Yes ___No ___N/A
H. Attended graduation ceremony unless excused or on approved leave.
   A. Fall Term    ___Yes ___No ___N/A
   B. Spring Term  ___Yes ___No ___N/A

The follow questions should be completed only if the library faculty is teaching a course or part of a course

I. Distributed or posted the syllabus to students by the end of the first week of class and submitted a copy to the supervising administer.
   A. Fall Term    ___Yes ___No ___N/A
   B. Spring Term  ___Yes ___No ___N/A
   C. Summer      ___Yes ___No ___N/A

J. 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      ___Yes ___No ___N/A

K. Participated in developing, revising and implementing a course
   A. Fall Term    ___Yes ___No ___N/A
   B. Spring Term  ___Yes ___No ___N/A
   C. Summer      ___Yes ___No ___N/A

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

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

II. Library Faculty Development and Self-Assessment

The library faculty member is responsible for completing this section prior to the scheduled Librarian performance review or by April 1st, whichever comes first. This section must be completed using the Faculty Professional Development System via Banner. Submit documentation for each entry (meeting minutes, proof of attendance/CEUs, programs, etc.). Record number of points accrued per section below. Faculty are required to have a minimum of 3 points in Section II.

A. Points for campus, college, cluster or other EFSC-related committees____

B. Points for community or professional projects_____

C. Points for professional organizations, publications, or presentations of scholarly or professional work___

D. Points for attendance at professional meetings, continuing education credits, graduate level courses___________
E. Points for instructional development such as enhanced teaching strategies, new course development, WIDS conversions, curriculum revisions, etc.________________________

F. Other contributions that may not be included in the system and have been approved by your supervising administrator: ____________________________________________

Reflection: How have the experiences above enhanced your teaching and/or personal and professional growth since the last review?
________________________________________________________________________

III. Student enhancement

A. What was your most positive teaching/student support experience since your last review?
________________________________________________________________________

B. Discuss your perception of student success in your classes/area of instruction since your last review.
________________________________________________________________________

C. What did you do to ensure student success?

1. I used the Early Alert system. Yes No NA

2. I recommended academic support resources such as the Learning Lab, Library Writing Center or another college writing service. Yes No NA

3. I participated in the Core Scholar Program. Yes No NA

4. I offered group tutoring or other remediation. Yes No NA

5. I made other changes based on student feedback Yes No NA Comments: __________________________________________________________

D. Comment on your overall performance in the area of ensuring student success in your area of instruction.
________________________________________________________________________

E. What limitations to increasing student success have you encountered in your area of instruction?

IV. The following section is to be completed by the Supervising Administrator (Provost level or higher) prior to the post-observation meeting:

a. The faculty member posted and maintained scheduled hours as required for maintenance of library coverage during posted hours within limitations specified by the contract and as approved by the supervising administrator __Yes ___No ___N/A

b. The faculty member maintained required credentials for their subject matter. __Yes ___No ___N/A
c. The faculty member attended all discipline and curriculum cluster meetings that did not interfere with her or his teaching schedules or approved leave times. ___Yes ___No ___N/A
d. The faculty member participated in committees when appointed and attended all meetings that did not interfere with her or his teaching schedules or approved leave times. ___Yes ___No ___N/A
e. The faculty member attended all in-service days that did not interfere with approved leave times. ___Yes ___No ___N/A
f. The faculty member participated in revision of collections and implementation of new information technology materials. ___Yes ___No ___N/A

Comments: ____________________________________________________________

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

VI. Goals for the Upcoming Academic Year (to be filled out jointly by the Supervising Administrator (Provost level or higher) and the faculty member):

A. Discipline/Program-related goals for the next cycle:
1. Do you plan to join a college committee? Yes No
   If so, which committee?

2. Do you plan to implement a new programmatic assessment? Yes No
   If so, describe

3. Do you plan to revise or write new curriculum for your program or discipline? Yes No
   Please comment on implementation of curriculum revision in III. F.

4. Other: ____________________________________________________________
B. Professional Development goals for the next cycle:
1. Do you plan to complete a graduate level course?  
   a. In your discipline?  
      Comment:  
   b. Outside your discipline?  
      Comment:  
2. Do you plan to publish an article, book, or juried work?  
   Comment:  
3. Other:  

C. Community Service goals for the next cycle:
1. Do you plan to serve on or establish a community advisory board?  
   Comment:  
2. Do you plan to participate in >20 hours of community service?  
   Comment:  
3. Other:  

D. Student Success goals for the next cycle:
1. Do you plan to implement new technologies.  
   Comment:  
2. Do you plan to revise or develop curriculum to improve student success.  
   Comment:  
3. Do you plan to implement specific learning assessments.  
   Comment:  
4. Do you plan to mentor/advise adjunct faculty in my area of expertise.  
   Comment:  
5. Are there other strategies you plan to use to improve student success?  
   Comment:  

VII. Formal Classroom Observation (to be conducted by the supervising Provost or designee)  
The faculty member:  
A. Communicated in a manner to encourage student engagement and interest.  
   __Yes __No __N/A  
B. Accommodated students with disabilities when provide with notice by the student and the OSD.  
   __Yes __No __N/A  
C. Demonstrated knowledge of the library facilities.  
   __Yes __No __N/A  
D. Demonstrated knowledge of information science.  
   __Yes __No __N/A
E. Demonstrated knowledge of library technologies immediately available to students.  ___Yes ___No ___N/A

F. Used germane and clearly understood handouts, multimedia presentations or other materials. ___Yes ___No ___N/A

G. Answered student’s questions clearly. ___Yes ___No ___N/A

H. Made the orientation or activity relevant to the student’s needs. ___Yes ___No ___N/A

I. Communicated clearly. ___Yes ___No ___N/A

J. Was well prepared and organized. ___Yes ___No ___N/A

K. Treated students with respect. ___Yes ___No ___N/A

Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

VIII. Based upon this evaluation, I consider the faculty member’s overall performance to be:
   ___ Outstanding, recommend for continuation
   ___ Satisfactory, recommend for continuation
   ___ Acceptable, but some improvement needed (complete section below)
   ___ Unsatisfactory (complete section below)

Feedback from Supervising Administrator: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

IX. Plan of Action (if needed):
   A. Time-frame is set for determining improvement. __________________________________________
      ____________________________________________________________________________________
      ____________________________________________________________________________________
      ____________________________________________________________________________________
      ____________________________________________________________________________________
      ____________________________________________________________________________________
      ____________________________________________________________________________________
B. Outcomes and recommendations if no improvement is documented based on the established action plan within the allotted time period.