



**Employee Performance Review
Faculty**

Faculty Name: _____

Title: _____

Division: _____

Supervisor: _____

Date of Last Review: _____

Current Date: _____

Select the appropriate rating for each category to be evaluated.
Provide documentation (examples) for each rating

S – Satisfactory Performance (Results met overall requirements)
NI – Needs Improvement
U – Unsatisfactory (Results did not meet overall requirements)

I. Base Contractual Obligation:

Meet and document all certification requirements _____

Successfully complete yearly teaching assignment:

a) Course Content: timely, variety of viewpoints, breadth and depth appropriate to course, instructor mastery of content _____

b) Course Objectives: clearly communicated, consistent with program objectives, students receiving proper level of preparation for sequenced courses

c) Course Organization: current syllabus/outlines, logical/understandable pattern, appropriately challenging

d) Meet classes at and for the time scheduled

e) Teaching Methodology: learning approaches promote student success and persistence, suitable to course objectives/expected learning outcomes, uses multiple teaching techniques to address different learning styles, library usage, and technology usage.

f) Grading and Exams: tests suitable to course content and objectives, tests/projects returned in timely fashion, grading standards clear to student

g) Outcomes: use of classroom assessment techniques, use of assessment results

Schedule a minimum of 10 hrs. /week in office: preparation, academic advising, student consultation, class completion, etc.

Commit time and be available for: collegial consultation, outcomes assessment, institutional planning, institutionally sanctioned meetings, advisory committee meetings, etc.

Complete all other duties and responsibilities as listed in job description

II. Summary of Classroom Observation

[Empty box for Summary of Classroom Observation]

III. Goals (to be mutually developed)

[Empty box for Goals]

IV. Faculty Comments (Faculty have ten calendar days in which to respond with additional written comments and/or documentation)

[Empty box for Faculty Comments]

V. Division Chair and/or Dean Response to IV.

I have read this Annual Review and reviewed it with my supervisor (Signing does not indicate agreement.)

Faculty member

Date

Division Chair / Director

Date

Dean

Date

Vice President of Instruction

Date