Jefferson College

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

III. Goals (to be mutually developed)

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

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
_____	_____
Associate Dean / Director	Date
_____	_____
Dean	Date
_____	_____
Vice President of Academic Affairs	Date