

Form Applies Only to Faculty Hired BEFORE 2013-14 Academic Year

ACADEMIC FACULTY EVALUATION FORM

TO BE COMPLETED BY EVALUATOR

Name _____ Date _____

Current Rank _____ Department _____

Evaluation Form for period 20____ through 20 ____

PURPOSE OF EVALUATION

The primary purpose of the evaluation system is self-improvement. Evaluation is also an integral part of the decision involving promotion and/or reappointment. At least **three** classroom observations need to be included to verify the evaluation process. The evaluation and subsequent recommendation of academic employees is primarily the responsibility of Department Chair/Director of Learning Resources.

Evaluation to be used for:

- _____ 1. Effectiveness and self-improvement
- _____ 2. For promotion to _____
- _____ 3. For reappointment to _____
- _____ 4. For continuing appointment
- _____ 5. Other (such as merit or sabbatical leave) _____

DEFINITION FOR RATING CATEGORIES

- O** ***Outstanding*** – Consistently exceeds performance expectations.
- HE** ***Highly Effective*** – Often exceeds the performance expectations.
- E** ***Effective*** – Generally meets performance expectations. Employee may exceed expectations or needs improvement in some areas. Performance is at the expected and usual level.
- NI** ***Needs Improvement*** – Does not always meet expectations. Immediate and substantive improvement in performance is required.
- U** ***Unsatisfactory*** – Fails to meet reasonable expectations. Immediate and substantive improvement in performance is required.

Cobleskill Academic Employment History

Date of Initial Term Appointment _____

Initial Academic Rank _____

Other Full Time Experience

Name of Institution _____ Year(s) _____

Name of Institution _____ Year(s) _____

Name of Institution _____ Year(s) _____

Cobleskill Academic Reappointment Dates: _____

Interruptions in Cobleskill Service

Type of Leave _____ Date _____

Type of Leave _____ Date _____

Promotions

To Assistant Professor/Senior Assistant Librarian Date _____

To Associate Professor/Associate Librarian Date _____

To Professor/Librarian Date _____

Signature _____
Applicant Date

Signature _____
Evaluator and Title Date

Performance Category #1 – Effectiveness in Teaching

An academic employee must consistently demonstrate outstanding or highly effective achievement in **over half** of the criteria listed in this category to be recommended for promotion/reappointment. You may refer to the faculty handbook for some examples of evidence to include in the documentation. Because many people review this document, please write specific comments in the narrative of each item for **Category #1** that will help the reviewers make an informed recommendation.

A. Long and short-term organization and preparation:

O _____ HE _____ E _____ NI _____ U _____

Narrative:

B. Use of teaching techniques appropriate to objectives and circumstances:

O _____ HE _____ E _____ NI _____ U _____

Narrative:

C. Evaluation of student academic performance as noted by grading policies, adoption of various teaching methods, meeting learning needs of students. Refer to classroom observation form.

O _____ HE _____ E _____ NI _____ U _____

Narrative:

D. Availability to assist students on individual basis:

O _____ HE _____ E _____ NI _____ U _____

Narrative:

E. Definition and clarification of goals, objectives, and policies in academic/work responsibilities:

O _____ HE _____ E _____ NI _____ U _____

Narrative:

F. Promotion of a stimulating environment for learning:

O _____ HE _____ E _____ NI _____ U _____

Narrative:

G. Selection, integration, and adoption of available resources:

O _____ HE _____ E _____ NI _____ U _____

Narrative:

H. Academic advisement:

O _____ HE _____ E _____ NI _____ U _____

Narrative:

I. Subject matter knowledge within field of specialization:

O _____ HE _____ E _____ NI _____ U _____

Narrative:

Summary Statement - Include Strengths and Areas for Improvement

This faculty member was observed in his/her classroom on the following dates:

Date _____ by _____

Date _____ by _____

Date _____ by _____

Date _____ by _____

The attached Classroom Observation Forms were reviewed with the faculty member.

Circle the Overall Rating for Category 1	Outstanding O	Highly Effective HE	Effective E	Needs Improvement NI	Unsatisfactory U
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Performance Category #2 – Professional Growth

TO BE COMPLETED BY EVALUATOR

Substantial professional growth achievement must be demonstrated to be recommended for promotion/reappointment. Criteria listed under this category serve as guidelines. Substantial can be defined as evidence of growth in at least three (3) of the eleven (11) areas listed below including “other”.

- | | |
|---|--|
| <p>_____ A. formal academic work</p> <p>_____ B. workshops, seminars, and other educational experiences</p> <p>_____ C. informal/independent academic work including reading, study, project, travel</p> <p>_____ D. sabbatical leave activities</p> <p>_____ E. professional associations</p> <p>_____ F. professional writing</p> | <p>_____ G. formal research projects</p> <p>_____ H. honors, awards, licenses</p> <p>_____ I. work/consultation experience</p> <p>_____ J. artistic performance and exhibitions</p> <p>_____ K. grants (personal/academic)</p> <p>_____ L. other _____</p> |
|---|--|

Summary Statement – Include Strengths and Areas for Improvement

Circle the Overall Rating for Category 2	Outstanding O	Highly Effective HE	Effective E	Needs Improvement NI	Unsatisfactory U
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Performance Category #3 – Professional Service

TO BE COMPLETED BY EVALUATOR

Substantial professional service achievement must be demonstrated to be recommended for promotion/reappointment. Substantial can be defined by extensive evidence of professional service in any one area or a moderate amount in two or more of the areas listed below:

- _____ A. Department committees and service
- _____ B. College service:
 - _____ 1. Faculty Governance offices held, committees, and service
 - _____ 2. UUP offices held, committees and service
 - _____ 3. Service with student groups
 - _____ 4. Other college service
- _____ C. University service (SUNY-wide)
- _____ D. Community service
- _____ E. Grants
- _____ F. Other _____

Summary Statement

Summary statement should clearly indicate individual responsibilities and/or role for offices, committees, and student groups. Include strengths and areas for improvement.

Circle the Overall Rating for Category 3	Outstanding O	Highly Effective HE	Effective E	Needs Improvement NI	Unsatisfactory U
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Evaluation Conference Summary

Select and complete the appropriate section.

() A. This evaluation has been completed for purposes of self-improvement only.

() B. This evaluation has been completed for purposes of reappointment and/or promotion.

Comments:

Recommendation for Reappointment and/or Promotion

Name _____

(is/is not) recommended for promotion to the rank of _____

(is/is not) recommended for reappointment to a _____ year term

(is/is not) recommended for continuing appointment

Signature _____
Evaluator Date

I do/do not concur with this recommendation.

Signature _____
Dean/Director Date

I have reviewed this report.

Signature _____
Faculty Member Date

A statement is attached. _____ Yes _____ No