

LAKE-SUMTER STATE COLLEGE
ANNUAL FACULTY PERFORMANCE EVALUATION

XID: _____ DATE: _____ PERIOD OF EVALUATION: Spring ____ - Fall ____

FACULTY NAME: _____ RANK: _____

DEPARTMENT _____ EVALUATOR: _____

All faculty shall be evaluated annually by the appropriate department chair or designated supervisor on the following areas:

- General Duties
- Service Excellence
- Peer & Student Review
- Service to the College & Community
- Professional Development
- Goals

Annual contract faculty must receive an instructional observation by their supervisor every year. Faculty on continuing contract must receive an instructional observation by their supervisor at least every third year.

PLEASE NOTE: The faculty member being evaluated should complete the self-evaluation portions of this document and include peer & student reviews prior to meeting with the evaluator.

INSTRUCTIONAL LOAD: Please list the courses taught (and note online offerings) below.

Course # and Name	Format (Online, Seated, Hybrid, etc.)	Credit / Contact Hours	Enrollment
SPRING (YEAR)			
SUMMER (YEAR)			
FALL (YEAR)			

Faculty Name: _____

Date: _____

GENERAL DUTIES (Includes Service Excellence Categories)

Please use the following rubric to assess the faculty member in each of the four Service Excellence categories.

- 3=Excellent Meets all expectations and consistently exceeds expectations
- 2=Satisfactory Meets expectations
- 1=Needs Improvement Generally meets expectations, but needs an improvement plan as noted
- 0=Unsatisfactory Does not meet basic expectations
- NR=Not Rated Not applicable and/or not observed

COLLABORATIVE					
1) Instructor attends required meetings and activities (convocation, graduation, faculty meetings, etc.).	3	2	1	0	NR
2) Instructor attends and participates in course content related activities (department and faculty meetings, etc.).	3	2	1	0	NR
3) Instructor attends and participates in meetings and activities related to committees to which the instructor has been assigned or on which the instructor has agreed to serve.	3	2	1	0	NR
4) Instructor cooperates with performance of additional duties involving urgent circumstances or legal mandates.	3	2	1	0	NR
Comments including need for an improvement plan and progress on improvement plans from previous period:					

COMPETENT					
5) Instructor maintains an instructional schedule consistent with the established college calendar work week and published schedule of classes.	3	2	1	0	NR
6) Instructor furnishes students with course syllabus listing performance objectives, course expectations, grading procedures, withdrawal procedures, class attendance policies, and instructor contact information (phone and email).	3	2	1	0	NR
7) Instructor holds classes at assigned times and for assigned length.	3	2	1	0	NR
8) Instructor teaches assigned courses in accordance with course descriptions and current knowledge in the field.	3	2	1	0	NR
9) Instructor participates and contributes to department work relating to SLO development and the process of Student Success efforts	3	2	1	0	NR
Comments including need for an improvement plan and progress on improvement plans from previous period:					

GENERAL DUTIES (Includes Service Excellence Categories)

RESPECTFUL					
9) Instructor communicates and interacts effectively and professionally with students, faculty, and staff in accordance with established college processes and procedures.	3	2	1	0	NR
10) Instructor varies classroom delivery methods to increase student engagement and success for students with varied learning styles.	3	2	1	0	NR
11) Instructor maintains a professional demeanor on campus and at school-sanctioned events.	3	2	1	0	NR
12) Instructor interacts in an effective and professional manner with direct supervisor and intra-departmental faculty members.	3	2	1	0	NR
Comments including need for an improvement plan and progress on improvement plans from previous period:					

RESPONSIVE					
13) Instructor complies with requirements of weekly class/office procedures, schedules, student access, and other formal assignments.	3	2	1	0	NR
14) Instructor provides required institutional data (grades, attendance verification, formal reports, SLO data, budget information, etc.) in a timely manner.	3	2	1	0	NR
15) Instructor abides by directions given by department chairs, deans, and other administrative supervisors related to conduct as an instructor.	3	2	1	0	NR
16) Instructor responds to all official communication from students and the college in a timely manner. In general, e-mails and phone calls should be returned within 24-48 hours during normal college duty days. All e-mail communication with LSSC stakeholders will be done through college e-mail.	3	2	1	0	NR
Comments including need for an improvement plan and progress on improvement plans from previous period:					

Faculty Comments:

LAKE-SUMTER STATE COLLEGE
FACULTY PERFORMANCE REVIEW

XID:

Faculty name: **Rank:**

Department: **Evaluator:** **Date:**

All faculty shall be evaluated annually by the appropriate department chair or designated supervisor on the following three areas: teaching excellence; service to the college and the State; and service to the profession and professional growth. Teaching excellence may be evaluated with classroom observation, as appropriate.

Annual contract faculty *must* receive an instructional observation every year; instructional observation should occur every three years or as needed for continuing contract faculty.

INSTRUCTIONAL OBSERVATION

- | | |
|-------------------------|--|
| 5 = Outstanding | 2 = Needs Improvement |
| 4 = Excellent | 1 = Seriously Deficient or Unacceptable |
| 3 = Satisfactory | 0 = Not Applicable |

1. Demonstrates pre-class preparedness

Comments:
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2. Demonstrates knowledge of subject matter

Comments:

**3. Presents material clearly, comprehensibly,
effectively**

Comments:

**4. Uses media and supporting materials
effectively, if appropriate**

Comments:

**5. Responds effectively and respectfully
to student questions and comments**

Comments:

6. Uses time efficiently to cover material

Comments:

**7. Stimulates student involvement and
critical thinking**

Comments:

8. Demonstrates positive classroom demeanor

Comments:

Additional evaluator comments:

Instructor's comments:

Evaluator's signature: _____ Date: _____

Instructor's signature: _____ Date: _____

PEER REVIEW (to be completed by peer reviewer)

Faculty Name: _____ Date: _____

Peer Reviewer Name: _____ Date: _____

INSTRUCTIONS FOR PEER REVIEW:

If the faculty member is on annual contract, he or she should request and secure at least one peer review for each evaluation cycle. For continuing contract faculty, the peer review should occur at least every third year. The peer reviewer should fill out the FACULTY PEER REVIEW FORM below prior to the faculty/supervisor meeting for evaluation.

Guidelines for choosing a Peer Reviewer:

- The peer reviewer has worked closely with the faculty member during the evaluation period.
- The peer reviewer has firsthand knowledge of the faculty member's performance in class (through conducting an instructional observation or being embedded in an online class), and/or
- The peer reviewer has firsthand knowledge of the faculty member's service to the college (serve on the same committee, worked on a search committee together, work together on any student centered activity or program, etc.).

3=Excellent	Meets all expectations and consistently exceeds expectations
2=Satisfactory	Meets expectations
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FACULTY PEER REVIEW FORM

1) The instructor exhibits a sensitivity to cultural differences.	3	2	1	0	NR
2) The instructor suggests other services that students may need (tutoring or advising).	3	2	1	0	NR
3) The instructor is available at set office hour times.	3	2	1	0	NR
4) The instructor attends and participates in department meetings.	3	2	1	0	NR
5) The instructor interacts well with other faculty and staff.	3	2	1	0	NR
6) The instructor is responsive to constructive feedback.	3	2	1	0	NR
7) The instructor participates in committees.	3	2	1	0	NR
8) The instructor maintains currency in professional knowledge through professional literature, professional memberships, workshops, conferences, or other activities.	3	2	1	0	NR

PEER REVIEW (to be completed by both the peer reviewer and the faculty member if comments are noted)

Faculty Name: _____

Date: _____

Peer Reviewer Comments:

Faculty Comments on Peer Review:

Signature of Peer Reviewer: _____

Date: _____

Signature of Faculty Member: _____

Date: _____

STUDENT REVIEW (to be completed by the faculty member)

INSTRUCTIONS FOR STUDENT REVIEWS:

The faculty member should follow the instructions for Part I to allow for discussion of student feedback during the evaluation session. The faculty member may also choose Part II if desired.

Part I (REQUIRED):

The faculty member will obtain his or her own course reviews electronically from the college at the end of the Spring and Fall terms. For each of these terms, the faculty member should choose one representative class' evaluations to attach to this document. The faculty member should use the space below to comment on the student reviews noting response to general trends in the reviews.

Part II (OPTIONAL):

Faculty **may** also choose to have individual students provide a review by having them fill out the **STUDENT TO FACULTY REVIEW FORM** on the next page prior to the faculty/supervisor meeting for evaluation.

Choosing a Student Reviewer:

- The student reviewer needs to have worked closely with the faculty member during the evaluation period.
- The student reviewer should have been enrolled in at least one of the faculty member's courses during the evaluation period.

AND/OR

- The student reviewer has firsthand knowledge of the faculty member's service to the college (serve on the same committee, work together on any student centered activity or program, etc.).
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Comments on Student Reviews:

Spring Term 20_____ Course: _____ Format: Hybrid, Online, Seated

Fall Term 20_____ Course: _____ Format: Hybrid, Online, Seated

STUDENT REVIEW (to be completed by student reviewer if applicable)

Student Evaluator's Name _____ XID _____ Date _____

In what capacity do you know the instructor?

_____ As my instructor. List class(es) taken with Instructor and term below.

_____ Served on a committee or worked with the Instructor on a college activity. State name of committee or activity and term of service below.

Classes/Committee/Other Activities	Semester (Term and Year)

Instructions to Student Evaluator:

Please rate this instructor in the categories below using the rubric provided. Then, in the comments section that follows, provide details and examples of interactions with this instructor that have led to your overall assessment of him/her.

- | | |
|---------------------|--|
| 3=Excellent | Meets all expectations and consistently exceeds expectations |
| 2=Satisfactory | Meets expectations |
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| 0=Unsatisfactory | Does not meet basic expectations |
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STUDENT TO FACULTY REVIEW FORM

1) Respectful: active listening, courtesy, appreciative of differences, respect for hierarchy, follower of policies and procedures.	3	2	1	0	NR
2) Competent: demonstrates knowledge and skills, effectively uses resources, solves problems, and performs efficiently and reliably.	3	2	1	0	NR
3) Responsive: accessible, timely, dependable on follow-up, and accurate with information and solutions.	3	2	1	0	NR
4) Collaborative: seeks and provides help, communicates interdepartmentally and builds relationships.	3	2	1	0	NR

Student Evaluator Comments:

5. List grants you have pursued and explain their benefit to the college or to your professional growth.

6. List other college activities in which you have participated and explain your role

7. Provide additional commentary on your service to the college

8. List speaking engagements, non-credit course instruction, and other professional interactions with the community

9. Provide additional commentary on your service to the community

Evaluator comments:

6. List non-credit courses taken or workshops attended that enhanced your professional growth

7. List certifications you have earned for professional growth or that are required for your field

8. List speaking engagements, non-credit course instruction, and other professional interactions with the community

9. Provide additional commentary on your professional growth

Evaluator comments:

PROFESSIONAL DEVELOPMENT (to be completed by the faculty member)

Faculty Name: _____ Date: _____

Please summarize the hours of professional development that you earned in the twelve-month period from January _____ to December _____.

Note that you are required to earn 120 hours of professional development in the five-year period ending June 30, 2015. The list below is not the official reporting mechanism, but simply an opportunity for you (and me) to make sure that you are on track to meet the requirement.

Professional Development Activity	Date	Hours

GOALS FROM PREVIOUS EVALUATION PERIOD (to be completed by the faculty member)

Faculty Name: _____ Previous Period: Spring _____ - Fall _____

List the goals from the previous evaluation and state the current status or outcome of each of the goals.

TEACHING EXCELLENCE

Goals	Status/Outcome

SERVICE TO THE COLLEGE OR THE COMMUNITY

Goals	Status/Outcome

PROFESSIONAL GROWTH

Goals	Status/Outcome

Evaluator's signature: _____ **Date:** _____

Instructor's signature: _____ **Date:** _____

GOALS FOR CURRENT EVALUATION PERIOD (to be completed by the faculty member)

Faculty Name: _____ Current Period: Spring _____ - Fall _____

Choose at least one goal for the calendar year from each of the three areas designated in the Performance Review; goals can be continuations of ongoing projects.

TEACHING EXCELLENCE

Goals

SERVICE TO THE COLLEGE OR THE COMMUNITY

Goals

PROFESSIONAL GROWTH

Goals

Evaluator's signature: _____ **Date:** _____

Instructor's signature: _____ **Date:** _____

PROGRESS TO CONTINUING CONTRACT
(FOR ANNUAL CONTRACT FACULTY)

Briefly describe **Faculty Learning Outcomes** agreed upon for this faculty member:

Describe progress made during this evaluation period in completing **Faculty Learning Outcomes**:

(Please attach pertinent documentation)

Progress is: Satisfactory _____ Unsatisfactory_____

(If progress is deemed unsatisfactory, a detailed improvement plan is to be attached with review in 6 months)

Faculty Name: _____

Period: Spring _____ - Fall _____

OVERALL EVALUATION:

Satisfactory

Unsatisfactory

Note: If overall evaluation is unsatisfactory, an improvement plan has been developed and approved by all parties whose signatures appear below.

Evaluator's signature: _____

Date: _____

Dean's signature: _____

Date: _____

Instructor's signature: _____

Date: _____

HR Representative's signature (if improvement plan is needed):

Date: _____