

EVALUATION OF NONTENURED FACULTY

ACADEMIC YEAR _____ – _____

Name: _____ Department: _____
Last First MI

Rank: _____ Year of Service: _____ Date of Appointment: _____

EVALUATION TASK AND CHECKOFF

ANNUAL ACADEMIC PLAN: (Mandatory)

Date filed by Faculty Member: _____ Date Reviewed/Discussed with Faculty Member: _____
(Due November 1st)

FALL TERM _____

CLASSROOM VISITS: (Mandatory – these must occur prior to the annual evaluation)

Course Number & Section: _____ Course Number & Section: _____
Visitation Date: _____ Visitation Date: _____

Written Evaluation of
Visit Completed: Yes ___ No ___
(REQUIRED – 5 Days After Visit)

Written Evaluation of
Visit Completed: Yes ___ No ___
(REQUIRED – 5 Days After Visit)

Provided to
Faculty Member: Yes ___ No ___
(MUST BE PROVIDED PROMPTLY)

Provided to
Faculty Member: Yes ___ No ___
(MUST BE PROVIDED PROMPTLY)

Faculty Member
Written Response: Yes ___ No ___
(NOT REQUIRED)

Faculty Member
Written Response: Yes ___ No ___
(NOT REQUIRED)

CLASSROOM VISITS: (By other faculty members – these must occur prior to the annual evaluation)

If requested by the faculty member, indicate below any written classroom visitations performed by other faculty of the department.

Name of Evaluator: _____ Name of Evaluator: _____
Course Number & Section: _____ Course Number & Section: _____
Visitation Date: _____ Visitation Date: _____

Written Evaluation of
Visit Completed: Yes ___ No ___
(REQUIRED – 5 Days After Visit)

Written Evaluation of
Visit Completed: Yes ___ No ___
(REQUIRED – 5 Days After Visit)

Provided to
Faculty Member: Yes ___ No ___
(MUST BE PROVIDED PROMPTLY)

Provided to
Faculty Member: Yes ___ No ___
(MUST BE PROVIDED PROMPTLY)

Faculty Member
Written Response: Yes ___ No ___
(NOT REQUIRED)

Faculty Member
Written Response: Yes ___ No ___
(NOT REQUIRED)

STUDENT EVALUATIONS: (Optional, but can be required for nontenured faculty)

Course: _____
Course: _____
Course: _____

Results shared with Faculty Member: Yes ___ No ___

SPRING TERM _____

CLASSROOM VISITS: (Mandatory – these must occur prior to the annual evaluation)

Course Number & Section: _____ Course Number & Section: _____
Visitation Date: _____ Visitation Date: _____

Written Evaluation of
Visit Completed: Yes ___ No ___
(REQUIRED – 5 Days After Visit)

Provided to
Faculty Member: Yes ___ No ___
(MUST BE PROVIDED PROMPTLY)

Faculty Member
Written Response: Yes ___ No ___
(NOT REQUIRED)

Written Evaluation of
Visit Completed: Yes ___ No ___
(REQUIRED – 5 Days After Visit)

Provided to
Faculty Member: Yes ___ No ___
(MUST BE PROVIDED PROMPTLY)

Faculty Member
Written Response: Yes ___ No ___
(NOT REQUIRED)

CLASSROOM VISITS: (By other faculty members – these must occur prior to the annual evaluation)

If requested by the faculty member, indicate below any written classroom visitations performed by other faculty of the department.

Name of Evaluator: _____

Course Number & Section: _____

Visitation Date: _____

Written Evaluation of
Visit Completed: Yes ___ No ___
(REQUIRED – 5 Days After Visit)

Provided to
Faculty Member: Yes ___ No ___
(MUST BE PROVIDED PROMPTLY)

Faculty Member
Written Response: Yes ___ No ___
(NOT REQUIRED)

Name of Evaluator: _____

Course Number & Section: _____

Visitation Date: _____

Written Evaluation of
Visit Completed: Yes ___ No ___
(REQUIRED – 5 Days After Visit)

Provided to
Faculty Member: Yes ___ No ___
(MUST BE PROVIDED PROMPTLY)

Faculty Member
Written Response: Yes ___ No ___
(NOT REQUIRED)

STUDENT EVALUATIONS: (Optional, but can be required for nontenured faculty)

Course: _____

Course: _____

Course: _____

Results shared with Faculty Member: Yes ___ No ___

ANNUAL WRITTEN EVALUATION OF NONTENURED FACULTY MEMBER: (MANDATORY)

Date Completed: _____

Date Provided to Faculty Member: _____

Faculty Member's Signature Obtained on annual evaluation: Yes ___ No ___

Written Response/Rebuttal form Faculty Member: Yes ___ No ___

The faculty member's signature is required to indicate that the evaluation has been read and does not signify either agreement or disagreement with its content. Faculty members are entitled to provide a written response or rebuttal concerning their annual evaluation; although their doing so is not mandatory. If a written response is provided then it must be appended to the evaluation. Annual written evaluations must be completed by Department Chairs and given to nontenured unit members for their signature and response (if any) **before** department personnel committees conduct their annual reviews and make recommendations regarding reappointment and nonreappointment.

PERSONNEL FILE:

All of the foregoing written annual and classroom evaluations of the unit member, unit member written responses, and student evaluations are on file in the department office: Yes ___ No ___

Signature: _____
Department Chair/Head

Date: _____

Signature: _____
Dean of the College

Date: _____