# **Administrative Evaluation Form for Classroom Faculty**

Faculty Name	Employee Number	Campus
Department Name	Date of Evaluation	Date of Conference(s)

	Attach	additional	sbeet(s	) i	f needed
--	--------	------------	---------	-----	----------

# 1. KNOWLEDGE OF SUBJECT AREA:

This category addresses the instructor's subject matter knowledge as evidenced in his or her classroom presentations. It includes knowledge of current trends in the field and the ability to teach the course as presented in the college's official course outline.

## Rating.

- Meets/Exceeds Expectations
- □ Need to Improve
- ☐ Unsatisfactory
- □ No Basis for Judgment

Describe/summarize input from Peer Evaluation, appropriate individuals as designated by the faculty member and/or administrator, any other data collected, and how the input was collected.

Goals and time line for improvement:

## 2. EFFECTIVENESS:

This category includes retaining students, keeping student confidences, demonstrating respect for students in general, creating a learning environment that is conducive to learning, setting an atmosphere of trust and sensitivity, and motivating students to learn. It also includes contributing to faculty committees and interacting effectively with peers.

#### Rating:

- → Meets/Exceeds Expectations
- Need to Improve
- Unsatisfactory
- □ No Basis for Judgment

Describe/summarize input from Peer Evaluation, appropriate individuals as designated by the faculty member and/or administrator, any other data collected, and how the input was collected.

Goals and time line for improvement:

#### ADMINISTRATIVE EVALUATION FORM FOR CLASSROOM FACULTY (continued)

3.	<b>PERFORMANCE</b>	OF RESPONSIBILITIES:
J.	I LIN UNIVIANDE	UI ILLUI UIVOIDILITILU.

This category includes issues such as providing students with a written syllabus that includes grading standards and course expectations, evaluating students according to the stated criteria. It also includes the instructor's ability to meet class for the full-designated time, submit required grades and rosters on time, and maintain office hours.

### Rating:

- Meets/Exceeds Expectations
- □ Need to Improve
- Unsatisfactory
- □ No Basis for Judgment

Describe/summarize input from Peer Evaluation, appropriate individuals as designated by the faculty member and/or administrator, any other data collected, and how the input was collected.

Goals and time line for improvement:

#### 4. Participation in professional growth activities:

This category includes a demonstration of the instructor's willingness to continue to improve his or her professional effectiveness and participate in professional growth activities. Suggestions for Professional Development are included if relevant.

#### Rating:

- Meets/Exceeds Expectations
- □ Need to Improve
- Unsatisfactory
- □ No Basis for Judgment

Describe/summarize input from Peer Evaluation, appropriate individuals as designated by the faculty member and/or administrator, any other data collected, and how the input was collected.

Goals and time line for improvement:

## ADMINISTRATIVE EVALUATION FORM FOR CLASSROOM FACULTY (continued)

5.	. OVER-ALL EVALUATION: (use additional sheet if necessary)					
	Describe special abilities warranting exceptional recognition in detail. Describe specific examples that support a rating of Unsatisfactory or Needs to Improve.					
	Rating					
		Meets/Exceeds Expectations				
		Need to Improve				
		Unsatisfactory				
	Su	mmary:				
I rec	com	mend this employee:				
		be continued in service				
		be continued in service contingent upon needed improvements as noted.				
	П	O Date for follow-up Administrative Evaluation:				
	_	not be continued in service				
	Dea	n signature:Date:				
	Vice	e President or designee:Date:				
	Pres	sident Signature:Date:				
writ	ten	received a copy of this report but my signature does not necessarily indicate my agreement. I understand that any statement I forward to the Division of Human Resources regarding this report will be attached to the copy, if filed there.				
Fac	culty	y signature:Date:				
W	itnes	ss signature: Date:				