



**Faculty Evaluation Form for Year: 2012-2013 Semester: Fall Spring**

(Circle Session)

***Instructions for Faculty:*** Using the scale below, please complete the Instructor self- evaluation column and return the form to your department chair or program coordinator. Your supervisor will fill out the supervisor's evaluation column, schedule a meeting with you to discuss it, and then both parties will sign and submit to the division director's office. Keep a copy for your records.

***Instructions for Supervisor:*** Please retain a copy of this evaluation in your department files. Submit a copy to your division director's office.

***Instructions for Division Director:*** Please retain a copy of this evaluation in your department files. Submit a copy to the Dean of Curriculum's office.

**Instructor:** \_\_\_\_\_ **Courses Taught:** \_\_\_\_\_  
 FT \_\_\_\_\_ Adjunct \_\_\_\_\_

**Department:** \_\_\_\_\_ **Delivery Method(s):** \_\_\_\_\_ Traditional Online Hybrid QEP Course  
 (Circle all that apply.)

Instructor Self-Evaluation	Scale	Supervisor's Evaluation
My performance exceeds expectations in this area.	<b>4</b>	Instructor exceeds expectations in this area.
My performance meets expectations in this area.	<b>3</b>	Instructor meets expectations in this area.
My performance is below expectations in this area.	<b>2</b>	Instructor's performance is below expectations in this area.
My performance is unsatisfactory in this area.	<b>1</b>	Instructor's performance is unsatisfactory in this area.
Performance Criteria for Faculty		Faculty Self- Evaluation
		Supervisor Evaluation
1. <b>Teaching Performance</b> (e.g., rate speech, clarity, coherence, multi-sensory learning, active learning, etc)		4 3 2 1 NA
2. <b>Professionalism</b> (On time for class, meetings, and other events)		4 3 2 1 NA
3. <b>Student Engagement</b> (ex., active learning, discussions, CATS)		4 3 2 1 NA
4. <b>Student Support</b> (Early Alerts, referrals, advising, etc.)		4 3 2 1 NA
5. <b>Associated Administrative Duties</b> (attendance, grade submission, etc.)		4 3 2 1 NA
6. <b>Meets Administrative and Assessment Deadlines</b>		4 3 2 1 NA
7. <b>Participation in Professional Development Activities</b> (on campus and off campus)		4 3 2 1 NA
8. <b>Learning Outcomes Assessment</b> (completes timely and accurate learning outcomes assessment to dept. head. Includes adjuncts if applicable to those whose courses are part of Program Learning Outcomes assessment)		4 3 2 1 NA
9. <b>QEP Professional Development Participation</b> (includes adjuncts)		4 3 2 1 NA
10. <b>Other Applicable Departmental and Committee Work</b> (Participates in meetings and committee/departmental work)		4 3 2 1 NA
11. <b>Student Course Evaluations</b> (instructor has identified areas of strengths and areas for improvement and has discussed with supervisor. If applicable, improvement plan has been developed)		4 3 2 1 NA
12. <b>Student Course Evaluation Improvement Plan</b> (For instructors required to develop improvement plans the year prior: areas targeted for improvement reflect higher satisfaction rates 2 semesters after plan implemented)		4 3 2 1 NA
<b>Totals:</b> (Sum of circled numbers)		_____
<b>Average Score:</b> (Divide above totals by 12, or by the difference between 12 and the number of "NAs" circled)		_____

**Instructor Comments** (Please add any comments or suggestions you wish. Continue on additional pages, as needed.)

**Professional Development:** (Faculty member, Please list title of workshops and dates attended during the academic year. Briefly identify at least one thing that you learned and applied to at least one of your classes. Identify whether or not this was a change related to active learning (QEP))

**Program Coordinator/Department Chair Comments** (It is mandatory to explain any of the criteria that need improvement. Continue on additional pages, as needed.)

### Classroom Observation Evaluation

This form serves as a simple evaluation tool for supervisors. It is one method of faculty evaluation used at R-CCC. Observations and evaluations of faculty should be a professional endeavor that encourages open and free discussion between the instructor and observer. The expectation is that the instructor and the observer will discuss the evaluation and that there should be an opportunity for questions and honest conversation about performance and expectations. The process should provide an opportunity for growth for the instructor and the evaluator. When areas of improvement are noted, the supervisor and the instructor agree on an action plan.

Instructor: _____	Observation Date: _____
Course No.: _____	Observation Begin Time: _____
Course Title: _____	Observation End Time: _____
Observer: _____	No. Students Present: _____

Please check the appropriate column for each item in a section, where:

1. Y = The measure was observed
2. N = The measure was not observed
3. NA = The measure was not applicable for this class or in this setting

Please make notes in the column provided. This will serve as a guide for your overall Evaluation.

#### ORGANIZATION

Y	N	NA	Measure	Notes
			Instructor uses class time efficiently	
			Instructor is well-prepared for class	
			Instructor begins and ends class on time	

#### INSTRUCTIONAL METHOD

Y	N	NA	Measure	Notes
			Instructor invites class discussion	
			Instructor proceeds at an effective pace	
			Instructor uses appropriate technology (e.g., multimedia, electronic gradebook, etc.)	
			Instructor utilizes classroom assessment techniques	
			Instructor implements active learning techniques to engage students	

## STUDENT INTERACTION

Y	N	NA	Measure	Notes
			Instructor welcomes and respects diverse viewpoints	
			Instructor treats students equitably	

## COMMUNICATION

Y	N	NA	Measure	Notes
			Instructor is enthusiastic about the subject matter	
			Instructor responds to questions clearly and promptly	
			Instructor uses speech that is audible, distinct, and appropriately paced	

**Classroom Observation:** (Program Coordinator/Department Chair: List overall strengths and areas for professional development, based on the classroom observation.)

**Program Coordinator/Department Chair's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Your signature indicates you have reviewed your supervisor's ratings, and comments, but does not imply you agree or disagree with them.)

**Division Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean of Curriculum's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_