

BROWARD COMMUNITY COLLEGE FIRST-YEAR TEACHING FACULTY EVALUATION FORM

Form to be used twice for first-year Faculty:

Term I, Formative Evaluation, filed with Faculty Member, Associate Dean

Term II, Summative Evaluation, filed with Faculty Member, Associate Dean
Personnel Office

DIRECTIONS FOR FACULTY MEMBER: Complete the Faculty portions (**Parts IA and II**) of this form (your self-evaluation) and forward to your Associate Dean by the end of November for your formative evaluation period, and by the end of March for your summative evaluation period.

DIRECTIONS FOR Associate Dean: After the Faculty Member has completed the Faculty portions of this form, complete the Associate Dean portions(**Parts IB and III**) using information obtained from 1)the instructor's self-evaluation, 2)student opinion surveys, 3)classroom visitation, and 4) general knowledge of the instructor. For both evaluation periods, return the form to the Faculty Member a minimum of one week prior to the evaluation conference.

FACULTY MEMBER'S NAME: _____ DATE: _____

DEPARTMENT: _____ CAMPUS: _____

PART I: CHECKLIST

PART IA: FACULTY MEMBER CHECK LIST

PART IB: ASSOCIATE DEAN CHECK LIST

	YES	NO	The Faculty Member:		YES	NO
_____	_____	_____	1. Distributes to each student an up-to-date course syllabus that contains all the essential elements needed in a syllabus as found in the Faculty Handbook for BCC and SACS requirements.	_____	_____	_____
_____	_____	_____	2. Demonstrates the following communications skills:	_____	_____	_____
_____	_____	_____	a. Speaks distinctly with sufficient volume and appropriate speed.	_____	_____	_____
_____	_____	_____	b. Maintains good eye contact and speaks to the entire class.	_____	_____	_____
_____	_____	_____	c. Uses vocabulary appropriate to the classroom setting.	_____	_____	_____
_____	_____	_____	d. Uses terminology appropriate to the discipline.	_____	_____	_____
_____	_____	_____	e. Maintains attention and control of the class.	_____	_____	_____

**FACULTY MEMBER
CHECK LIST**

**ASSOCIATE DEAN
CHECK LIST**

The Faculty Member:

- | | | | | | | |
|-------|-------|-------|---|-------|-------|-------|
| _____ | _____ | _____ | 4. Teaches according to the objectives specified in the College's Course Outline. | _____ | _____ | _____ |
| _____ | _____ | _____ | 5. Uses teaching materials appropriate to the specified objectives of courses assigned. | _____ | _____ | _____ |
| _____ | _____ | _____ | 6. Uses instructional strategies that enable students to achieve course objectives. | _____ | _____ | _____ |
| _____ | _____ | _____ | 7. Uses information from students and other sources to evaluate course content and procedures. | _____ | _____ | _____ |
| _____ | _____ | _____ | 8. Uses learning activities appropriate to the needs of students. | _____ | _____ | _____ |
| _____ | _____ | _____ | 9. Teaches in such a way that holds students' interest and stimulates intellectual curiosity. | _____ | _____ | _____ |
| _____ | _____ | _____ | 10. Allows different student opinions in class. | _____ | _____ | _____ |
| _____ | _____ | _____ | 11. Treats all students with fairness, equity and respect. | _____ | _____ | _____ |
| _____ | _____ | _____ | 12. Is organized and well prepared for classes. | _____ | _____ | _____ |
| _____ | _____ | _____ | 13. Encourages students' participation, as appropriate, in the instructional setting. | _____ | _____ | _____ |
| _____ | _____ | _____ | 14. Encourages students to use additional learning resources; i.e., library, learning lab, learning resources, technology, etc. | _____ | _____ | _____ |
| _____ | _____ | _____ | 15. Maintains established office hours, keeps appointments with students. | _____ | _____ | _____ |
| _____ | _____ | _____ | 16. Responds to student calls, inquiries, and requests for assistance. | _____ | _____ | _____ |
| _____ | _____ | _____ | 17. Communicates information about career opportunities related to the discipline. | _____ | _____ | _____ |
| _____ | _____ | _____ | 18. Communicates information about college requirements as they relate to the content of the courses. | _____ | _____ | _____ |
| _____ | _____ | _____ | 19. Records all grades and retains accurate records of students' performances. | _____ | _____ | _____ |
| _____ | _____ | _____ | 20. Uses tests and other assessment tools that are consistent with course goals. | _____ | _____ | _____ |
| _____ | _____ | _____ | 21. Uses fair and reasonable grading procedures. | _____ | _____ | _____ |
| _____ | _____ | _____ | 22. Returns results of tests, assignments, etc. within a reasonable time. | _____ | _____ | _____ |
| _____ | _____ | _____ | 23. Responds in a timely and accurate manner to requests for information from appropriate college personnel. | _____ | _____ | _____ |

**FACULTY MEMBER
CHECK LIST**

**ASSOCIATE DEAN
CHECK LIST**

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|-------|-------|-------|--|-------|-------|-------|
| _____ | _____ | _____ | 24. When appropriate, utilizes and implements extra-curricular activities; e.g. field trips, guest speakers, etc. | _____ | _____ | _____ |
| _____ | _____ | _____ | 25. Assumes share of department, division, campus, and college responsibilities. | _____ | _____ | _____ |
| _____ | _____ | _____ | 26. Adheres to the policies, procedures, and guidelines as published in the Faculty Staff Handbook. | _____ | _____ | _____ |
| _____ | _____ | _____ | 27. Participates in commencement activities in accordance with college policy. | _____ | _____ | _____ |
| _____ | _____ | _____ | 28. Fulfills obligations of reassignment from classroom teaching and/or any activity for which a supplement is paid. | _____ | _____ | _____ |

COMMENTS: (Comment on Items 1 through 28 as desired. For any item checked "Needs Improvement," an explanation is required.)

FACULTY MEMBER'S COMMENTS:

ASSOCIATE DEAN'S COMMENTS:

PART III: ASSOCIATE DEAN'S SUMMARY EVALUATION OF FACULTY MEMBER

ASSOCIATE DEAN'S COMMENTS:

Please summarize any additional strengths or weaknesses to be considered including those described by students, observed during the classroom observations, or described by other appropriate persons.

PART IV: SUMMARY OF FACULTY MEMBER'S PERFORMANCE:

Satisfactory _____

Requires Developmental Plan_____

COMMENT(S):

DEVELOPMENTAL PLAN:

If "Requires Developmental Plan" rating is checked, a mutually designed plan specifying corrective action and a timetable must be completed and attached.

FACULTY MEMBER'S COMMENT(S): (Optional)

PART V: SUMMARY EVALUATION CONFERENCE AND SIGNATURES

Date of Summary Evaluation Conference _____

Length of Summary Evaluation Conference (time)_____

If additional pages are attached, please indicate number _____

Date Signature (Required for Summative Evaluations)

_____ Faculty Member

Your signature does not necessarily indicate agreement with this evaluation and is required only to indicate that you have had an opportunity to review it and discuss the contents with your Associate Dean.

The following signatures indicate this evaluation has been reviewed:

_____ Associate Dean

_____ Dean of Academic
Affairs/Dean of Health Sciences

_____ Provost

_____ Vice President for Academic
Affairs

_____ President