

**BROWARD COMMUNITY COLLEGE**

**NON-TENURED FACULTY LIBRARIAN SUMMATIVE EVALUATION**

**Faculty Librarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Library** **Campus:** \_\_\_\_\_

Broward Community College is committed to delivering quality instruction by a dedicated faculty engaged in continuous professional growth. In its role as an institution of higher learning and in its efforts to be a premiere teaching institution, Broward Community College is dedicated to enhancing faculty skills, strengthening their competencies, and enriching the teaching/learning process. The purpose of the non-tenured faculty librarian evaluation is to assess the performance of faculty librarians in areas in which faculty have historically directed their activities.

**Part I**

**Self-Report of Activities:** To be completed by the faculty librarian.

**1. Identify and describe your library activities that have promoted the teaching/learning process as well as other services to students.**

**2. Identify and describe activities you have undertaken in service to the Department/College/Community.**

**3. Identify and describe other professional activities that you have undertaken including scholarship and creative works.**

**4. Professional Development Plan**

The year in which your 7-year professional development plan cycle will end is

\_\_\_\_\_

Please outline a proposed professional development plan and/or indicate your progress in completing a current development plan.

\_\_\_\_\_  
Signature of Faculty Librarian

\_\_\_\_\_  
Date

**Goals and Objectives for Academic Year of \_\_\_\_\_: (attached)**

**Part II**

**Summary of Faculty Librarian's Performance:** To be completed by the evaluator.

**1A. Library Activities**

More than Satisfactory \_\_\_\_\_ Satisfactory \_\_\_\_\_ Needs Improvement \_\_\_\_\_

If "Needs Improvement" rating is checked for this specific category, a mutually designed plan specifying corrective action and a timetable must be completed.

Comment(s) and/or Recommendation(s):

IMPROVEMENT PLAN: If required

Date(s) for follow up conference(s) \_\_\_\_\_

Date for completion of improvement plan \_\_\_\_\_

**1B. Service to Students**

More than Satisfactory \_\_\_\_\_ Satisfactory \_\_\_\_\_ Needs Improvement \_\_\_\_\_

Comment(s) and/or Recommendation(s):

**2. Service to the Department/College/Community**

More than Satisfactory \_\_\_\_\_ Satisfactory \_\_\_\_\_ Needs Improvement \_\_\_\_\_

Comment(s) and/or Recommendation(s):

**3. Professional Activities/Scholarships and Creative Works**

More than Satisfactory \_\_\_\_\_ Satisfactory \_\_\_\_\_ Needs Improvement \_\_\_\_\_

Comment(s) and/or Recommendation(s):

**Part III**

**Acknowledgements**

Date of Evaluation Conference \_\_\_\_\_

Length of Evaluation Conference (time) \_\_\_\_\_

Faculty Librarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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 supervisor.

**FACULTY LIBRARIAN'S COMMENTS:** (optional)

The following signatures indicate this evaluation has been reviewed:

**Date**

**Signatures**

\_\_\_\_\_

\_\_\_\_\_

Associate Dean and/or Dean

\_\_\_\_\_

\_\_\_\_\_

Provost

\_\_\_\_\_

\_\_\_\_\_

Vice President for Academic Affairs

\_\_\_\_\_

\_\_\_\_\_

President

Number of attached documents and/or pages (please specify), if any: \_\_\_\_\_

Revised January 2005  
by the Faculty Librarians