

BROWARD COMMUNITY COLLEGE

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 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