DIRECTIONS: This form is to be completed upon data obtained from student evaluations, classroom visitation (if applicable) and general knowledge of the instructor.

The department head will complete the form through Page 4 and forward to the faculty member for review at least one week prior to the summary evaluation conference. The Summary of the Faculty Member’s performance, the Summary Evaluation, and a Developmental Plan, if needed (Pages 5 and 6), will be completed at the summary evaluation conference. If a faculty member receives a “Needs Improvement” or “Unsatisfactory” Summary Evaluation, a developmental plan specifying corrective action and a timetable must be provided.

INSTRUCTOR NAME: ____________________________ DATE: ______________________

DEPARTMENT: ____________________________ CAMPUS: ______________________

1. Distributes an up-to-date course syllabus to each student

2. Demonstrates the following communication skills:
   a. Speaks distinctly with sufficient volume and appropriate speed
   b. Maintains good eye contact and speaks to the entire class.
   c. Uses appropriate vocabulary.
   d. Maintains attention and control of the class.

3. Demonstrates skill and/or knowledge in teaching discipline.

   YES  NO

4. Teaches according to the department’s performance-based

5. Uses teaching materials appropriate to the specified objectives of courses assigned.

6. Uses instructional strategies that enable students to achieve course assigned.

   COMMENDABLE  SATISFACTORY  NEEDS IMPROVEMENT  NOT OBSERVED OR DO NOT KNOW

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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, etc.

15. Maintains established office hours and keeps appointment with students.

16. Communicates information about career opportunities related to the teaching discipline and/or information about college requirements as they relate to the content of the courses.

17. Records all grades and retains accurate records of students’ performances.

18. Uses evaluation instruments consistent with course goals.

19. Uses fair and reasonable student evaluation procedures.

20. Returns results of student evaluations within a reasonable time.

21. Responds in a timely and accurate manner to requests for information from appropriate college personnel.

22. When appropriate, utilizes and implements extra-curricular activities; e.g. field trips, guest speakers, etc.

23. Assumes share of department, division, campus, and college responsibilities.

24. Adheres to the policies, procedures, and guidelines as published in the Faculty Staff Handbook.

25. Participates in commencement activities in accordance with college policy.

26. Fulfills obligations of reassignment from classroom teaching and/or any activity for which a supplement is paid.
COMMENTS: (Comment of Items 1 through 26 as desired. For any item checked “Needs Improvement,” an explanation is required.)

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.

SUMMARY OF FACULTY MEMBER’S PERFORMANCE:
Outstanding _________ More than Satisfactory _______ Satisfactory _______

Needs Improvement _______ Unsatisfactory _______

COMMENT (S):

DEVELOPMENTAL PLAN:

If “Needs Improvement” or an “Unsatisfactory” rating is checked, a mutually developed plan specifying corrective action and a timetable must be attached.

FACULTY MEMBER’S COMMENT (S): (Optional)
Date of Summary Evaluation Conference: 

Length of Summary Evaluation Conference (time): 

If additional pages are attached, please indicate number: 

Faculty Member 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.

The following signatures indicate this evaluation has been reviewed:

Supervisor’s Signature: __________________________ Date: __________________________

Print Supervisor’s Name: __________________________

Dean of Academic Affairs: __________________________ Date: __________________________

Provost/Executive Director: __________________________ Date: __________________________

VP for Academic Affairs or VP for Student Development: __________________________ Date: __________________________

President: __________________________ Date: __________________________

Filed with Faculty member, Supervisor, Personnel Office  (Rev 2/01)