

**BROWARD COLLEGE
TENURED FACULTY SUMMATIVE
EVALUATION FORM**

INSTRUCTOR NAME: _____
DEPARTMENT: _____

DATE: _____
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 evaluation is to assess the performance of faculty members in areas in which faculty have historically directed their attention.

Please attach additional pages to this form as needed.

Part I

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

1. Identify and describe your classroom 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 work.

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 Member

Date

Part II

SUMMARY OF FACULTY MEMBER'S PERFORMANCE: To be completed by the evaluator.

1A. Teaching

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.

Comments(s) / Recommendations:

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 _____

Comments(s) / Recommendations:

2. SERVICE TO THE DEPARTMENT/COLLEGE/COMMUNITY

More than Satisfactory _____ Satisfactory _____ Needs Improvement _____

Comments(s) / Recommendations:

3. PROFESSIONAL ACTIVITIES/SCHOLARSHIP AND CREATIVE WORKS

More than Satisfactory _____ Satisfactory _____ Needs Improvement _____

Comments(s) / Recommendations:

PART III

ACKNOWLEDGMENTS

Date of Evaluation Conference: _____

Length of Evaluation Conference (time): _____

Faculty Member'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 MEMBER'S COMMENT (S): (Optional)

The following signatures indicate this evaluation has been reviewed:

Date	Signatures	
_____	_____	Supervisor
_____	_____	Dean of Academic Affairs
_____	_____	Provost/Executive Director Vice President for Academic Affairs or Vice President for Student Affairs
_____	_____	President

Number of attached pages, if any: _ _____ .