|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Faculty Member: | |  | Date of Review: | |  |
| Department: |  | | College: |  | |

**1. Role Assignments (for the Calendar Year)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Spring** | **Fall** | **Avg.** |  | |
| % Teaching: | **0%** | **0%** | **0%** |  | |
| % Scholarship: | **0%** | **0%** | **0%** |  | |
| % Service: | **0%** | **0%** | **0%** |  | |
| % Other: | **0%** | **0%** | **0%** | **Describe:** |  |
| Approved Leave |  |  |  |  |  |

**2. Evaluation**

The following categories to describe the faculty member's performance in each assigned area of responsibility.

**Meets Expectations →**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unacceptable Performance** | **Below Expectations** | **Acceptable Performance** | **Strong Performance** | **Exemplary Performance** |
| *Unacceptable performance in an Area of responsibility.*  *Performance is inadequate.*  *The* ***specific areas*** *that are deficient will be addressed in the narrative.*  *Requires a Performance Improvement Plan for the next academic year* | *Performance in an Area of Responsibility is below expectations.*  *Performance is frequently less than satisfactory and fails to meet expectations.*  *The narrative must address* ***specific areas*** *that need improvement.*  *Requires a Performance Improvement Plan for the next academic year.* | *Performance of assigned responsibilities consistently meets expectations and contributes to the success of the department's mission..* | *Performance of assigned responsibilities consistently exceeds expectations and contributes significantly to the success of the department's mission.*  *Supporting evidence will be provided in the narrative.* | *Performance is superior and merits special recognition for unequivocally superior performance (e.g., worthy of national, international, or professional award nomination, or is clearly outstanding in his/her field)*  *Supporting evidence will be presented in the narrative.* |
| ***0 – 0.5*** | ***1 – 2.5*** | ***3 – 4.5*** | ***5 - 7.5*** | ***8*** |

|  |
| --- |
| **1. Teaching Rating - 0.0** |
| *Narrative (required):* |
|  |
| **2. Scholarship Rating - 0.0** |
| *Narrative (required):* |
|  |
| **3. Service Rating - 0.0** |
| *Narrative (required):* |
|  |
| **4. Administrative Rating - 0.0** |
| *Narrative (required only if individual has an administrative appointment):* |
|  |
| **OVERALL RATING - 0.0** |
| *Narrative (required):* |

**3. Signatures**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Department Head or Chair of Review Committee |  | Date |  | Faculty Member (indicates that the form has been seen, not agreement) |  | Date |
|  |  |  |  |  | |  |
| Dean |  | Date |  |  | |  |