

University of Central Missouri
FACULTY EVALUATION FORM

Check here if this is a first year faculty evaluation

Name of Individual being evaluated _____

Evaluation Period _____

Department _____

College _____

Evaluated by _____

Qualities are rated as follows:

- 1 - Fails to meet expectations
- 2 - Meets expectations
- 3 - Exceeds expectations

The listings below each of the dimensions are meant to be suggestive only. It is understood many other items can and should be considered in developing individual ratings. Additional comments may be made on a separate sheet and attached to this form. For first and second year faculty evaluations raters are required to make comments regarding the first three dimensions (Teaching, Scholarship, Service) and for any dimensions receiving ratings of 1 or 3.

Dimensions

Evaluation
1 2 3

Comments

Teaching: Knowledgeable of this subject; motivated students; evaluated students regularly/fairly; employs instructional technology effectively; uses assessment to improve student learning.				
Scholarship: Current in academic discipline; continues growth in discipline; engaged in discipline based scholarship/creative activity; scholarship/creative viewed as credible and important to the department.				
Service: Engages in appropriate amounts of departmental/college/university/ professional service for current rank and status.				
Performance: Punctual in assignments; meets classes as scheduled; available outside of class hours; dependable and follows through.				
Relationship to students: Acts in the best interest of students; shows respect for students; regarded by students and colleagues as a credible mentor/ resource.				
Professional relationships: Respects colleagues; accepts worth of those from other disciplines; collegial in associations with others.				
Professionalism: Readily accepts assignments; maintains University/college/departmental policies; accepts decisions and acts accordingly.				
Professional Development Plan: Develop and implement and appropriate PDP encompassing the areas of Teaching, Scholarship/Creative Activity, and Service				

OTHER COMMENTS

RECOMMENDATIONS

I have seen this completed evaluation and I have received a copy. (Signing this form does not indicate agreement or concurrence with the ratings or content of the evaluation.)

Faculty member evaluated _____

Date _____

I have shared this completed evaluation with the faculty member.

Department Chair _____

Date _____

Dean _____

Date _____

Send Signed form to Provost Office

For Provost Office
Reviewer Initials _____
Date _____