Northwest Missouri State University

Evaluation of Faculty serving as Department Chair

NOTE: USE ARROW KEYS TO SCROLL FROM FIELD TO FIELD.

Faculty Member’s Name: 

College: Choose an item. Rank at evaluation: Choose an item

Department: Select department Highest Degree Earned:

Contract Type: Select contract type Northwest Faculty Member Since:

Year of Evaluation: Year of next Pre-tenure Review:

Year of Tenure Review:

This performance evaluation incorporates information from the faculty member’s self-evaluation, which includes outcomes of professional development activities/peer observation; the Dean’s written evaluation; and a summary of student course evaluations, all of which are attached to this document.

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
<th>Unsatisfactory Performance*</th>
<th>Below expectations*</th>
<th>Meets expectations</th>
<th>Exceeds expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching and Professional Devpt (50-70%)</td>
<td>0%</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Scholarship (10-40%)</td>
<td>0%</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Service and Student Support (10-40%)</td>
<td>0%</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Department chair responsibilities</td>
<td>0%</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Overall Performance</td>
<td>100%</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*DEFICIENCIES MUST BE ADDRESSED IN THE NARRATIVE SECTION

The signature of the faculty member indicates that this summary and the attached documents have been read and discussed with the department chairperson.

Faculty Member’s Signature ____________________________ Date __________

Recommendation for Consideration for a Contract Contingent Upon Need and Funding

A. Dean of the College
   Reappoint as faculty:
   ☐ Recommended
   ☐ Recommended w/improvement plan
   ☐ Not recommended
   Reappoint as chair:
   ☐ Recommended
   ☐ Recommended w/improvement plan
   ☐ Not recommended

   Signature ____________________________ Date __________

B. Provost
   Reappoint as faculty:
   ☐ Recommended
   ☐ Recommended w/improvement plan
   ☐ Not recommended
   Reappoint as chair:
   ☐ Recommended
   ☐ Recommended w/improvement plan
   ☐ Not recommended

   Signature ____________________________ Date __________
## Evaluation of Faculty serving as Department Chair: Narrative Section

<table>
<thead>
<tr>
<th>Faculty Member’s Name:</th>
<th>Date:</th>
<th>Evaluation for the Year:</th>
</tr>
</thead>
</table>

1. List the professional goals the chair/faculty and dean established at the beginning of the evaluation year:
   a) [Blank]

2. Which goals were accomplished and which will be carried forward?
   a) [Blank]

3. Chair should provide his/her self-evaluation narrative in this space.
   a) [Blank]

4. Has the chair/faculty member addressed or improved related to the goals or suggestions from previous evaluations or improvement plans?
   a) [Blank]

5. **Strengths noted during this evaluation period or other general comments:** (Dean can list the range of student ratings and the overall average; faculty ratings; comment on the chair’s self-evaluation, dispositions/professionalism/collegiality, etc.)
   a) [Blank]

6. **Concerns noted during this evaluation period:** (Dean can note patterns that need improvement or negative comments. Dean should address any areas where chair did not meet expectations, including concerns about progress toward promotion and/or tenure, dispositions/professionalism/collegiality, etc.)
   a) [Blank]

7. **Items to be addressed through a written professional improvement plan:**
   (Due 30 days from this evaluation. Improvement plan should be signed and dated by dean and department chair, and each page should be initialed.)
   a) [Blank]