

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:
	Northwest Faculty Member Since:
Contract Type: Select contract type	Year of next Pre-tenure Review:
Year of Evaluation:	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.

Category	Weight	Performance			
		Unsatisfactory Performance*	Below expectations*	Meets expectations	Exceeds expectations
Teaching and Professional Devpt (50-70%)	0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scholarship (10-40%)	0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service and Student Support (10-40%)	0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department chair responsibilities	0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Performance	100%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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

Signature Date

Reappoint as chair:

- Recommended
- Recommended w/improvement plan
- Not recommended

Signature Date

B. Provost

Reappoint as faculty:

- Recommended
- Recommended w/improvement plan
- Not recommended

Signature Date

Reappoint as chair:

- Recommended
- Recommended w/improvement plan
- Not recommended

Signature Date

Evaluation of Faculty serving as Department Chair: Narrative Section

Faculty Member's Name:	
Date:	Evaluation for the Year:
1. List the professional goals the chair/faculty and dean established at the beginning of the evaluation year: a)	
2. Which goals were accomplished and which will be carried forward? a)	
3. Chair should provide his/her self-evaluation narrative in this space. a)	
4. Has the chair/faculty member addressed or improved related to the goals or suggestions from previous evaluations or improvement plans? a)	
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/COLLEGIALLY, ETC.) a)	
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/COLLEGIALLY, ETC.) a)	
7. Items to be addressed through a written professional improvement plan: (<u>DUE 30 DAYS FROM THIS EVALUATION.</u> IMPROVEMENT PLAN SHOULD BE SIGNED AND DATED BY DEAN AND DEPARTMENT CHAIR, AND EACH PAGE SHOULD BE INITIALED.) a)	