

Northwest Missouri State University Evaluation of Titled Faculty

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

Faculty Member's Name:	
College: Choose an item.	Title: Choose an item.
Department: Choose an item.	Highest Degree Earned:
	Northwest Faculty Member Since:
Contract Type: Choose an item.	Year of Evaluation:

This performance evaluation incorporates information from the faculty member's self-evaluation, which includes outcomes of professional development activities/peer observation; the Chair'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 (70-100%)	0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scholarship (0-20%)	0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service and Student Support (10-30%)**	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 **INSTRUCTORS/SR. INSTRUCTORS MUST ASSIGN AT LEAST 10% IN THIS CATEGORY*

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. Chair of the Department

- Recommended
- Recommended w/improvement plan
- Not recommended

Signature

Date

B. Dean of the College

- Recommended
- Recommended w/improvement plan
- Not recommended

Signature

Date

C. Provost

- Recommended
- Recommended w/improvement plan
- Not recommended

Signature

Date

Evaluation of Titled Faculty: Narrative Section

Faculty Member's Name:	
Date:	Evaluation for the Year:
1. List the professional goals the faculty and chair established at the beginning of the evaluation year: a)	
2. Which goals were accomplished and which will be carried forward? a)	
3. Faculty member should provide his/her self-evaluation narrative in this space. a)	
4. Has the 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: (CHAIR CAN LIST THE RANGE OF STUDENT RATINGS AND THE OVERALL AVERAGE; COMMENT ON THE FACULTY'S SELF-EVALUATION, DISPOSITIONS/PROFESSIONALISM/COLLEGIALLY, ETC.) a)	
6. Concerns noted during this evaluation period: (CHAIR CAN NOTE PATTERNS THAT NEED IMPROVEMENT OR NEGATIVE COMMENTS. CHAIR SHOULD ADDRESS ANY AREAS WHERE FACULTY 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: (DUE 30 DAYS FROM THIS EVALUATION. IMPROVEMENT PLAN SHOULD BE SIGNED AND DATED BY DEAN, DEPARTMENT CHAIR, AND FACULTY MEMBER, AND EACH PAGE SHOULD BE INITIALED.) a)	