Form Applies Only to Faculty Hired BEFORE 2013-14 Academic Year

ACADEMIC SELF-EVALUATION AND PROFESSIONAL GROWTH PLAN

TO BE COMPLETED BY FACULTY MEMBER

Name ________________________________________ Date ______________________

Current Rank ________________________________ Department __________________

Evaluation Form for period 20____ through 20 ____

PURPOSE OF EVALUATION

The purpose of the self-evaluation document shall be to promote professional growth and to help provide a basis for the review of performance of the teaching faculty and librarians.

DEFINITION FOR RATING CATEGORIES

O Outstanding – Consistently exceeds performance expectations.

HE Highly Effective – Often exceeds the performance expectations.

E Effective – Generally meets performance expectations. Employee may exceed expectations or needs improvement in some areas. Performance is at the expected and usual level.

NI Needs Improvement – Does not always meet expectations. Immediate and substantive improvement in performance is required.

U Unsatisfactory – Fails to meet reasonable expectations. Immediate and substantive improvement in performance is required.

Evaluation to be used for:

_____ 1. Effectiveness and self-improvement

_____ 2. For promotion to ______________________________

_____ 3. For reappointment to _______________________

_____ 4. For continuing appointment

_____ 5. Other (such as merit or sabbatical leave) ____________________
**Category #1 – Effectiveness in Teaching/Librarianship**

Provide a variation and give examples for each criterion under documentation. Use additional pages if necessary. Refer to and add an appendix of sample items, etc., if desired.

A. Long and short-term organization and preparation.

B. Use of teaching/librarianship techniques appropriate to objectives and circumstances.

C. Evaluation of student academic performance as noted by grading policies, adoption of various teaching methods, meeting learning needs of students. Refer to classroom observation form. (Use similar criteria for librarian evaluation of patron/employee performance).

D. Availability to assist students (patrons) on individual basis.

E. Definition and clarification of goals, objectives, and policies in academic/work responsibilities.

F. Promotion of a stimulating environment for learning.

G. Selection, integration, and adoption of available resources.

H. Academic advisement. (May not apply to librarians.)

I. Subject matter knowledge within field of specialization.

**DOCUMENTATION**
Check the items which apply to you. Each item checked must be documented in writing. Use additional pages if necessary. Add an appendix if desired.

Professional growth **within** field of specialization as evidenced by:

- A. formal academic work
- B. workshops, seminars, and other educational experiences
- C. informal/independent academic work including reading, study, project, travel
- D. sabbatical leave activities
- E. professional associations
- F. professional writing
- G. formal research projects
- H. honors, awards, licenses
- I. work/consultation experience
- J. artistic performance and project, travel
- K. grants (personal/academic)
- L. other _____________________

**DOCUMENTATION**
Category #3 – Professional Service

Check the items that apply to you. Each item checked must be documented in writing. Use additional pages if necessary.

____ A. Department/School committees and service

____ B. College service:
   ____ 1. Faculty Governance offices held, committees, and service
   ____ 2. UUP offices held, committees and service
   ____ 3. Service with student groups
   ____ 4. Other college service

____ C. University service (SUNY–wide)

____ D. Community service

____ E. Grants

____ F. Other _____________________________________________________

DOCUMENTATION
This form is to be prepared by the faculty member and jointly reviewed/revised by the faculty member and Department Chair and/or Dean to serve as a guideline for the next evaluation. Short and long range plans should reflect faculty goals. A change may be initiated by the faculty member and amended in consultation with the Dean/Supervisor while the plan is in effect.

Name ______________________________________________________________________

Initial Appointment Date _________________ Current Date _______________________

This form, completed by the faculty member and jointly reviewed/revised by the faculty member, Department Chair and/or Dean, must be submitted to the Vice President for Academic Affairs by no later than June 1 of the initial year of appointment and by the same date for each evaluation thereafter.

**Short Range Professional Growth Plans**

Describe in detail specific short range plans for professional growth during the coming academic year. Include separate sheet.

**Long Range Professional Growth Plans**

Describe in detail specific long range plans for professional growth beyond the coming academic year. Include separate sheet.

__________________________________________  ______________________________
Faculty Signature                        Date

I reviewed this plan and agree _____ disagree _____ with the goals set forth. (See attached statement.)

__________________________________________  ______________________________
Department Chair Signature              Date

I reviewed this plan and agree _____ disagree _____ with the goals set forth. (See attached statement.)

__________________________________________  ______________________________
Dean Signature                           Date

Copies of this completed form are to be retained by the faculty member, Department Chair, and Dean.