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

ACADEMIC FACULTY EVALUATION FORM

TO BE COMPLETED BY EVALUATOR

Name ____________________________ Date ______________________

Current Rank ___________________ Department __________________

Evaluation Form for period 20____ through 20____

PURPOSE OF EVALUATION

The primary purpose of the evaluation system is self-improvement. Evaluation is also an integral part of the decision involving promotion and/or reappointment. At least three classroom observations need to be included to verify the evaluation process. The evaluation and subsequent recommendation of academic employees is primarily the responsibility of Department Chair/Director of Learning Resources.

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) __________________________

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.
Cobleskill Academic Employment History

Date of Initial Term Appointment ________________________________
Initial Academic Rank _________________________________________

Other Full Time Experience

Name of Institution ________________________________ Year(s) ______________
Name of Institution ________________________________ Year(s) ______________
Name of Institution ________________________________ Year(s) ______________

Cobleskill Academic Reappointment Dates:

Interruptions in Cobleskill Service

Type of Leave _______________________________ Date _________________________
Type of Leave _______________________________ Date _________________________

Promotions

To Assistant Professor/Senior Assistant Librarian Date _________________________
To Associate Professor/Associate Librarian Date _________________________
To Professor/Librarian Date _________________________

Signature ________________________________________________________ Applicant _________________________ Date _________________________
Signature ________________________________________________________ Evaluator and Title _________________________ Date _________________________
Performance Category #1 – Effectiveness in Teaching

An academic employee must consistently demonstrate outstanding or highly effective achievement in over half of the criteria listed in this category to be recommended for promotion/reappointment. You may refer to the faculty handbook for some examples of evidence to include in the documentation. Because many people review this document, please write specific comments in the narrative of each item for Category #1 that will help the reviewers make an informed recommendation.

A. Long and short-term organization and preparation:

O _____  HE _____  E _____  NI _____  U _____

Narrative:

B. Use of teaching techniques appropriate to objectives and circumstances:

O _____  HE _____  E _____  NI _____  U _____

Narrative:

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.

O _____  HE _____  E _____  NI _____  U _____

Narrative:
D. Availability to assist students on individual basis:

O _____  HE _____  E _____  NI _____  U _____

Narrative:

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

O _____  HE _____  E _____  NI _____  U _____

Narrative:

F. Promotion of a stimulating environment for learning:

O _____  HE _____  E _____  NI _____  U _____

Narrative:

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

O _____  HE _____  E _____  NI _____  U _____

Narrative:
H. Academic advisement:

O _____  HE _____  E _____  NI _____  U _____

Narrative:

I. Subject matter knowledge within field of specialization:

O _____  HE _____  E _____  NI _____  U _____

Narrative:

Summary Statement - Include Strengths and Areas for Improvement

This faculty member was observed in his/her classroom on the following dates:

Date _________________________  by _____________________________________

Date _______________  by _____________________________________

Date _________________________  by _____________________________________

Date _________________________  by _____________________________________

The attached Classroom Observation Forms were reviewed with the faculty member.
Performance Category #2 – Professional Growth

TO BE COMPLETED BY EVALUATOR

Substantial professional growth achievement must be demonstrated to be recommended for promotion/reappointment. Criteria listed under this category serve as guidelines. Substantial can be defined as evidence of growth in at least three (3) of the eleven (11) areas listed below including “other”.

- 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 exhibitions
- K. grants (personal/academic)
- L. other _____________________

Summary Statement – Include Strengths and Areas for Improvement

Circle the Overall Rating for Category 2

<table>
<thead>
<tr>
<th>Circle the Overall Rating for Category 2</th>
<th>Outstanding O</th>
<th>Highly Effective HE</th>
<th>Effective E</th>
<th>Needs Improvement NI</th>
<th>Unsatisfactory U</th>
</tr>
</thead>
</table>

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Performance Category #3 – Professional Service

TO BE COMPLETED BY EVALUATOR

Substantial professional service achievement must be demonstrated to be recommended for promotion/reappointment. Substantial can be defined by extensive evidence of professional service in any one area or a moderate amount in two or more of the areas listed below:

_____ A. Department 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 _____________________________________________________

Summary Statement

Summary statement should clearly indicate individual responsibilities and/or role for offices, committees, and student groups. Include strengths and areas for improvement.

<table>
<thead>
<tr>
<th>Circle the Overall Rating for Category 3</th>
<th>Outstanding O</th>
<th>Highly Effective HE</th>
<th>Effective E</th>
<th>Needs Improvement NI</th>
<th>Unsatisfactory U</th>
</tr>
</thead>
</table>
Evaluation Conference Summary

Select and complete the appropriate section.

( ) A. This evaluation has been completed for purposes of self-improvement only.

( ) B. This evaluation has been completed for purposes of reappointment and/or promotion.

Comments:

Recommendation for Reappointment and/or Promotion

Name __________________________________________________________

(is/is not) recommended for promotion to the rank of __________________________

(is/is not) recommended for reappointment to a ______ year term

(is/is not) recommended for continuing appointment

Signature ___________________________ Evaluator ___________________________ Date

I do/do not concur with this recommendation.

Signature ___________________________ Dean/Director ___________________________ Date

*****************************************************************************

I have reviewed this report.

Signature ___________________________ Faculty Member ___________________________ Date

A statement is attached. _____ Yes _____ No