**Instructor Evaluation Form**

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| **Instructor Name** |  |  | |
| **Department** |  |  | |
| **Chair or Supervisor Name** |  |  | |
| **Evaluation Period** | Calendar Year yyyy  Academic Year yyyy/yy | |
| **Teaching Load** | # Classes Taught: \_\_\_ # Class Preps Taught: \_\_\_ | |

**Create a single PDF for submission to Human Resources that is comprised of**

1. This evaluation form
2. Student course evaluation AEFIS reports, including response rates and comments
3. Other voluntary evaluation activities, such as a class observation write-up from a peer or supervisor

**Sections I-IV are to be completed by the instructor.**

# Reflections on Teaching

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| **What are 2-3 specific things you do well in your class(es)?** Provide specific examples. |
| 1. |
| 2. |
| 3. |
| **Please indicate how you are integrating diversity, equity, and inclusion best practices into the classroom.** Provide specific examples. |
|  |
| **What are 2-3 opportunities to improve your class(es) and/or teaching?** Provide specific examples. |
| 1. |
| 2. |
| 3. |

# Professional Growth & Development

List training and development opportunities participated in during this appraisal period including training and development in diversity, equity, and inclusion.

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# Service

List service to students, the department, WSB, campus, and/or community outreach.

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# Reflection on Previous Goals

Copy your goals here from your last annual evaluation. Describe how you met these goals or describe your progress towards these goals. Include details and examples where appropriate.

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| **Goal 1:** |
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| **Goal 2:** |
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| **Goal 3:** |
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**This section is to be completed by the Department Chair or supervisor.**

Describe any particular areas of the job functions where the instructor has excelled, could further develop, and/or needs improvement. Provide feedback on the instructor’s progress towards goals.

**This section is to be completed in conversation by the Department Chair or supervisor and the instructor.**

# Future Goals

Goals can be projects to make progress on or complete, process improvement initiatives, behaviors to enhance, and/or skills that could be further developed. Include expected outcomes for the next evaluation period and indicate measures, timelines, and resources. Please identify a minimum of 3 goals.

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| **Goal 1:** |
| **Goal 2:** |
| **Goal 3:** |
| **How can the WSB support you for success in these efforts?** |
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# Overall Performance Rating

Rate the instructor’s overall performance by checking the appropriate box.

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| --- | --- |
| **EXEMPLARY** | * Performance consistently exceeded the communicated expectations in all essential areas of responsibility, job function or goals * Overall quality of work was excellent * Employee made an exceptional or unique contribution in support of school, college, division or University objectives * Employee demonstrated a very high degree of expertise and serves as a model of excellence or coach to other employees |
| **SUCCESSFUL** | * Performance consistently met the communicated expectations in all essential areas of responsibility, job function or goals * May occasionally exceed requirements * This rating conveys solid, effective performance |
| **DEVELOPING** | * Performance met the communicated expectations in most areas of responsibility, job function or goals * Employee is progressing and on track to achieve expectations, job functions or goals |
| **PARTIALLY MEETING** | * Performance did not consistently meet communicated expectations in one or more areas of responsibility, job function or goals * A professional development plan to improve performance may be recommended |
| **NOT MEETING** | * Performance was consistently below expectations in most areas of responsibility, job function and goals and/or reasonable progress was not made * Significant improvement is needed in one or more important area * A professional development plan to correct performance, including timelines, should be outlined and monitored to measure progress |
| **UNABLE TO RATE / NOT RATED** | * Not rated – not using * Criteria not being measured – comments only * Not applicable to employee’s role * Not yet trained – unable to rate |

# Signatures

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| --- | --- |
| **Instructor** | |
| I understand that my signature indicates that I have discussed this evaluation with my supervisor and received a copy. My signature does not reflect my agreement to the details of this evaluation. If I disagree with any part of this evaluation, I understand that I may provide additional documentation to that effect. | |
| Signature | Date |
|  | Click or tap to enter a date. |

**Employee Comments** (optional)

I wish to attach additional information.

I do not wish to attach additional information.

|  |  |
| --- | --- |
| **Department Chair or Supervisor** | |
| I understand that my signature indicates I have discussed this evaluation with the instructor. | |
| Signature | Date |
|  | Click or tap to enter a date. |