

LECTURER EVALUATION FORM

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| **Name** |  |  |
| **Department** |  |  |
| **EVALUATION PERIOD** | FromClick or tap to enter a date.  toClick or tap to enter a date. |  |
| **Appointment** | FULL-TIME PART-TIME | | |
| **TEACHING LOAD** | # Classes Taught: \_\_\_\_\_\_\_\_\_\_\_ # Credits Taught: \_\_\_\_\_\_\_\_\_\_\_ | | |

**Sections 1 through 3 are to be completed by the instructor being evaluated.**

1. TEACHING PERFORMANCE
   1. Review of Student Evaluation and Grading. Please attach course evaluation data for the period.

* 1. Instructional Materials. Please attach your teaching materials. Required materials are each syllabus for the period and final assessment materials (e.g., final exam or final project assignment). Also strongly encouraged are statements of learning outcomes for your class(es) in the KDBIN categories. Please contact Chris Dakes or Ron Cramer for more information about KDBIN learning outcomes.
  2. Self-Reflection on Teaching. Please indicate areas of strength and areas in which you can improve. Please also indicate how you are integrating diversity, equity, and inclusion best practices into the classroom.

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| **What are 2-3 specific things you feel you do well in your class(es) to inspire students to learn?** |
| **What are 2-3 aspects of your course(s) and/or teaching that you would like to change? Why, and what do you hope to accomplish by making these changes?** |
| **In what ways can the WSB support you in your efforts to make these changes?** |

d. Moving from “Delivering teaching” to “Inspiring learning.” Please list briefly any participation in campus-wide, school, or department efforts toward educational innovation, including participation in workshops, development of KDBIN learning outcomes or assessment plans, and the like.

1. PROFESSIONAL GROWTH & DEVELOPMENT (including scholarly/creative activities and pedagogical contributions to the profession). List briefly your activities in these areas including training and development in diversity, equity, and inclusion.
2. WISCONSIN SCHOOL OF BUSINESS SERVICE (including service to student organizations and community outreach). List briefly your activities in these areas.

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FOR DEPARTMENT CHAIR (I.E., SUPERVISOR) USE

1. OVERALL PERFORMANCE RATING (to be completed by the department chair). 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 |

1. SPECIFIC BEHAVIORAL ACTIONS. Consistent with the assessment above, provide specific suggestions for the instructor to enhance her or his approach to teaching to improve student learning in the course. Please discuss these suggestions with the instructor. Other specific suggestions beyond these comments are also welcomed.

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| **Suggested Behaviors** | **Check if required** | **Approximate Date of Action** |
| Observe a peer |  |  |
| Be observed by a peer |  |  |
| Have a class period taped and review it with a colleague |  |  |
| Update materials (list what needs to be updated) |  |  |
| Rework syllabus (list what parts need to be reworked) |  |  |
| Articulate or refine learning outcomes |  |  |
| Rework assessment methods |  |  |
| Attend “Backward Design” workshop |  |  |
| Diversify delivery methods (list what alternate methods to use) |  |  |
| Perform mid-semester self-assessment |  |  |
| Provide timely feedback to students |  |  |
| Assemble focus group of students to provide more detailed feedback (not typically done by the instructor) |  |  |
| Other (please specify) |  |  |

1. GOALS FOR THE COMING YEAR (to be completed by the department chair together with the instructor). Please list three goals or objectives on which the instructor should focus his or her efforts in the coming year. These goals or objectives should be aligned with school and department strategies for achieving premium learning experiences and should be mutually agreed upon by department chair and lecturer.

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| EMPLOYEE NAME |  | | | |
| Signature of Department Chair | | | | | |
| signature | | Print Name | Title | Date | |
|  | |  |  | Click or tap to enter a date. | |

Separate evaluation provided by department chair. **(*Attach*)**

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| Signature of Employee | |
| I understand that my signature indicates that I have seen and discussed this evaluation with my supervisor. | |
| Employee 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.