

Faculty Evaluation Form Tenure, Tenured Track, Non TT (i.e. special appointments and instructors included)

*This form is for annual evaluations of all faculty, regardless of type of appointment.
All faculty are required to be evaluated annually per State Board of Higher Education policy 605.1 and UND's faculty handbook.*

Department: _____ Date of Review: _____

Faculty member: _____ Effective hiring date: _____

Academic rank: _____ Since: _____ Highest degree: _____

Number of years of advanced tenure credit: _____

Purpose of review:	Period covered by the review (include the year)
____ Probationary/tenure track	____ Academic Year ____
____ Tenure	____ Fall only ____
____ Promotion	____ Spring only ____
____ Annual	____ Other (specify) _____

1. Workload Expectations (from Page 2 of contract):

% Scheduled Teaching	% Scholarly/Research Activity	% Service	% Administration	% Other Activities
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2. Evaluation: Directions: Use the following five categories to describe the faculty member's performance relative to the expectations and goals on Page 2 of their contract (i.e., Position Description Form). A thorough narrative commentary must be provided to justify each selection. Mere selection of a category does not constitute evaluation and will not be accepted.

Exceptional Performance: Designation used in extremely rare cases where the faculty member merits special recognition for unequivocally superior and exceptional performance (i.e., worthy of national, international, or professional award nominations). **Strong** supporting evidence showing external validation must be presented in the narrative.

Exceeds Expectations: Designation used to indicate that certain aspects of the faculty member's performance substantially and frequently exceed that described in their position description. Supporting evidence must be presented in the narrative.

Meets Expectations: Designation used when the faculty member's performance is of high quality, fulfills expectations, and periodically may exceed them as described in his/her position description.

Requires Development: Designation used to indicate that certain aspects of the faculty member's performance does not consistently meet expectations and require improvement. The narrative must address **specific areas** that need improvement and include goals to get there.

Unsatisfactory: Designation used in cases where work is below the basic requirements of Page 2 and improvement is required, are not meeting professional obligations, or are simply incompetent. **Strong** supporting evidence must be presented in the narrative.

SCHEDULED TEACHING

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

SCHOLARLY/RESEARCH ACTIVITY

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

SERVICE

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

ADMINISTRATION

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

OTHER ACTIVITIES

<input type="checkbox"/> Exceptional Performance	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Requires Development	<input type="checkbox"/> Unsatisfactory
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Narrative:

3. Department Evaluations Committee (*IF APPLICABLE*, list all committee members and include committee chair signature)

Committee Chair _____
Signature Date

4. Department Chair's Evaluative Narrative (Required for all tenured and tenured-track faculty. Fill in or attach separate page):

Was this evaluation made in accordance with a set of written departmental evaluation procedures on file in the College office and communicated to faculty member? Yes No

Department Chair _____
Signature Date

5. Faculty Member:

I have been given the opportunity to review the contents of my file. Yes No

I have seen this evaluation and discussed it with the appropriate departmental representative.
 Yes No

Check one as appropriate.

I agree with the evaluation.

I disagree with all or part of the evaluation.

I disagree with all or part of the evaluation and intend to give my department chair a written statement within five working days.

Faculty Member _____
Signature Date

6. Dean's Comments:

Dean _____
Signature Date