

A&S: Tenured and Tenure-Track Faculty Evaluation Form

PLEASE TYPE

Department: _____ Date of review: _____

Faculty Member: _____ Effective hiring date: _____

Academic rank: _____ Since: _____ Highest degree: _____

Purpose of review: _____ Pre-tenure, _____ Tenure, _____ Promotion, _____ Triennial, _____ Annual

Period covered by the review: _____

If applicable, years of tenure credit granted for experience prior to present position at UND: _____

If applicable, years of tenure credit for service at UND including the current academic year: _____

1. Expectations (from page 2 of the contract):

_____ %Teaching, _____ %Research, _____ %Service, _____ %Administration, _____ %Other

2. Evaluation: Use the following five categories to describe the faculty member's performance relative to the expectations on page 2 of his or her contract (i.e., Position Description Form). A thorough narrative commentary must be included to justify each selection.

Mere selection of a category does not constitute evaluation and is unacceptable.

Significantly Exceeds Expectations: Faculty member merits special recognition for unequivocally superior performance (e.g., worthy of national, international or professional award nominations or is clearly outstanding in their field). **Strong** supporting evidence must be presented in the narrative.

Exceeds Expectations: Designation used to indicate that certain aspects of the faculty member's performance exceed the norm. Supporting evidence must be presented in the narrative.

Meets Expectations: Designation used to describe the majority of cases that are considered.

Falls Short of Expectations: Designation used to indicate that certain aspects of the faculty member's performance could be improved. The narrative must address **specific areas** that need improvement.

Falls Significantly Short of Expectations: Designation used in rare cases where individuals are mismatched with their jobs, are not meeting professional obligations, or are simply incompetent. **Strong** supporting evidence must be presented in the narrative.

Teaching:									
<input type="checkbox"/>	Significantly Exceeds Expectations	<input type="checkbox"/>	Exceeds Expectations	<input type="checkbox"/>	Meets Expectations	<input type="checkbox"/>	Falls Short of Expectations	<input type="checkbox"/>	Significantly Falls Short of Expectations

Research:									
<input type="checkbox"/>	Significantly Exceeds Expectations	<input type="checkbox"/>	Exceeds Expectations	<input type="checkbox"/>	Meets Expectations	<input type="checkbox"/>	Falls Short of Expectations	<input type="checkbox"/>	Significantly Falls Short of Expectations

Service:									
<input type="checkbox"/>	Significantly Exceeds Expectations	<input type="checkbox"/>	Exceeds Expectations	<input type="checkbox"/>	Meets Expectations	<input type="checkbox"/>	Falls Short of Expectations	<input type="checkbox"/>	Significantly Falls Short of Expectations

Administration:									
<input type="checkbox"/>	Significantly Exceeds Expectations	<input type="checkbox"/>	Exceeds Expectations	<input type="checkbox"/>	Meets Expectations	<input type="checkbox"/>	Falls Short of Expectations	<input type="checkbox"/>	Significantly Falls Short of Expectations

Other:									
<input type="checkbox"/>	Significantly Exceeds Expectations	<input type="checkbox"/>	Exceeds Expectations	<input type="checkbox"/>	Meets Expectations	<input type="checkbox"/>	Falls Short of Expectations	<input type="checkbox"/>	Significantly Falls Short of Expectations

Department Evaluation Committee: (Please note the chair of the committee)

3. Department Chair's Evaluative Narrative (Required for all tenured and tenure-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 the faculty member? _____ Yes _____ No
 Department Chair _____
 Signature Date

4. 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 5 working days.

Faculty Member _____
 Signature Date

Dean _____
 Signature Date