

## 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:** Faculty Evaluation Committees must use the following five categories to describe the faculty member's performance relative to the expectations on page 2 of his/her contract (i.e., Position Description Form). The Committee must provide a thorough narrative commentary to justify each selection. Mere selection of a category does not constitute evaluation and is unacceptable.

Significantly Exceeds Expectations: Designation used in extremely rare cases where the faculty member merits special recognition for unequivocally superior 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 exceed that described in his/her position description. Supporting evidence must be presented in the narrative.

Meets Expectations: Designation used when the faculty member's performance is at least that described in his/her position description.

Falls Short of Expectations: Designation used to indicate that certain aspects of the faculty member's performance require improvement. 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.

<b>Teaching</b>									
<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

<b>Research</b>									
<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

<b>Service</b>									
<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

**3. Department Evaluation Committee** (List all committee members and include committee chair signature):

Committee Chair \_\_\_\_\_  
Signature Date

**4. 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

**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 5 working days.

Faculty Member \_\_\_\_\_  
Signature Date

Dean \_\_\_\_\_  
Signature Date

**6. Dean's Comments:**