

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.

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"/>	Falls Significantly 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"/>	Falls Significantly 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"/>	Falls Significantly 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"/>	Falls Significantly 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"/>	Falls Significantly 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: