



**This document contains Forms A, B, B-1, and C.** The complete Evaluation Procedures can be found at: <http://www.suscc.edu/about-suscc/hronline-forms.cms>

It is strongly recommended that you download this form to your computer before starting. Once this form is on your computer you can open the form and start your evaluation. To help keep these forms organized please rename the form to include the name of the person being evaluated and the term (Ex, JohnSmithSp2017). All forms contained in this document are fillable.

### **Purpose:**

In order to best determine and improve the College's success in meeting its Mission, evaluation of all faculty members of Southern Union will occur on an annual basis from August 1 to July 31. The purpose of the annual evaluation is to maintain high educational standards in all areas, monitor and improve instruction, and provide for professional growth that enhances learning.

### **The evaluation instrument should:**

1. Provide an accurate, fair, and objective method for evaluation of all faculty members
2. Recognize the strengths of the individual faculty member with regards to knowledge and methodology.
3. Encourage professional development and educational growth that strengthens performance and enhances student learning.
4. Identify opportunities for individual faculty growth by providing a means of support and development of procedures or training in order to enhance student learning.
5. Recognize professional, educational, and community involvement by the faculty that enhances the College and its ability to serve the students and the community.
6. Allow faculty members to document their achievements, set goals, express concerns, and respond to their evaluation in a timely manner.
7. Provide a documented history of the faculty member's performance and managerial skills as they relate to the job description for that faculty member.
8. Reflect the evaluation process as a cooperative effort and an evolving process for the betterment of students, faculty, and the entire College.

### **Evaluation Criteria:**

**Meets Expectations:** This rating indicates the person is meeting all of the required functions of the category being evaluated. This is the standard and **represents a positive evaluation.**

**Needs Improvement:** The employee is not meeting the standard required functions of the category being evaluated. This is below standard. **This rating requires a written explanation by the Evaluator.**

**Exceeds Expectations:** This rating shows exceptional achievement above and beyond the job description. **This rating requires a written explanation by the employee or Evaluator.**

**Does Not Apply:** Refers to a job, activity, or category that this individual is not expected to or required to accomplish, and is not part of the job description. This rating **does not** imply a negative rating.

**SOUTHERN UNION STATE COMMUNITY COLLEGE  
FACULTY INFORMATION FORM****NAME:****REVIEWED BY:****YEAR:****DATE:**

The following is a request for information that will assist your Dean/Chair in the development of your **annual evaluation**. Please respond to the following items and return them to your Dean/Chair within two weeks. Please assemble your information in the order of this request. Following receipt of your information, your Dean/Chair will contact you for an agreement on a time for your evaluation interview and observation, if applicable.

**I. TEACHING RESPONSIBILITIES**

- A. List courses taught last year. (**Include distance education and hybrid courses.**)  
DO NOT INCLUDE SYLLABI OR COURSE MATERIAL.
- B. Describe any use of methodology, technology, equipment, library resources, course assessments, student evaluations, etc. to improve student-learning outcomes.
- C. Describe any use of methodology, technology, equipment, library resources, course assessments, student evaluations, etc. to help maintain compliance with the Americans with Disabilities Act.



**III. SERVICE**

A. Institutional (organizations, extracurricular activities, overloads, campus-wide events)

B. Community involvement (organizations, public service, leadership roles, church, committees, other)

C. Other service activities/special projects for the community or institution

**IV. GOALS AND OBJECTIVES**

A. Describe achievement/progress of your goals/objectives since your last evaluation.

B. Describe your goals/objectives for the coming year (generally 2-4)

C. Additional comments/concerns/suggestions.

**V. OPTIONAL QUESTIONS FOR YOUR CONSIDERATION**

1. Do you have any questions about your job responsibilities as outlined in your position description?
  
2. Please list and evaluate any changes to your job or additional duties/responsibilities assigned to you.
  
3. List what you consider to be your greatest strengths or accomplishments this year.
  
4. What changes would you like to see made to your job that would improve your performance and be beneficial to the college?
  
5. What accomplishments would you like to see your department or Southern Union as a whole achieve in the next three to five years?
  
6. Other suggestions or comments?

**FACULTY MEMBER:**
**YEAR:**
**DIVISION:**
**DEPARTMENT:**

*\*Exceeds Expected Goals and Needs Improvement require documentation.*

<b>Performance Categories</b>	<b>Meets Expected Goals</b>	<b>Needs Improvement</b>	<b>Exceeds Expectations</b>	<b>Does Not Apply</b>	<b>Did Not Observe</b>
Knowledgeable; teaches organized courses which meet course expectations and student needs.					
Demonstrates use of technology and resources to meet and improve student learning outcomes.					
Student oriented; works well with all students. Uses student evaluations to improve instruction and learning outcomes.					
Follows posted work schedule and assists students during office hours.					
Meets administrative responsibilities and requests in a timely, accurate, and professional manner.					
Demonstrates an ability to work well with colleagues and administrators contributing to a positive work environment.					
Participates in Professional Development. Shows achievement in professional and educational areas.					
Supports and is involved in institutional and community services.					
Meets or shows progress in meeting goals and objectives stated in the last evaluation					

**EVALUATION OF INSTRUCTION FOR DISTANCE EDUCATION CLASSES**

<b>Performance Categories</b>	<b>Meets Expected Goals</b>	<b>Needs Improvement</b>	<b>Exceeds Expectations</b>	<b>Does Not Apply</b>	<b>Did Not Observe</b>
Maintains timelines, open and effective communications with students taking distance education classes.					
Knowledgeable; demonstrates ability to meet course content, lab activities if applicable, and outcomes of distance education courses.					
Adheres to institutional policies concerning course development, test security, assignments, and student information.					

**EVALUATION OF CLINICAL/LABORATORY INSTRUCTION**

<b>Performance Categories</b>	<b>Meets Expected Goals</b>	<b>Needs Improvement</b>	<b>Exceeds Expectations</b>	<b>Does Not Apply</b>	<b>Did Not Observe</b>
Demonstrates knowledge of lab activities, appropriate use and care of lab/clinical equipment during activities.					
Conducts safe and organized lab/clinical activities that meet the learning objectives and current safety standards for the students.					
Maintains a clean and organized lab/clinic environment including meeting responsibilities for maintenance of the lab/clinic, supplies, and equipment.					

**This page may be applicable to only a few Instructors and may be omitted from individual evaluation if NONE OF THE ABOVE applies.**

**Evaluator Comments:**

**Faculty Comments:**

**ACKNOWLEDGEMENT**

**My signature below acknowledges that I have read and discussed my evaluation with my evaluator. My signature does not imply agreement with the evaluation. (Responses will be placed into the individual's personnel file.)**

Faculty Acknowledgement: By checking this box and typing your name below you confirm that you have read the contents of this document

**Faculty**

**Date**

**Evaluator**

**Date**



**FACULTY OBSERVATION/EVALUATION FORM**
**Instructor:**
**Date:**
**Department:**
**Department Chair:**

*Instructors are important to Southern Union State Community College in terms of successfully fulfilling the needs of the community through quality instruction. Please note that part-time faculty are recommended for hire and rehire on the basis of need, teaching performance, teaching-related and professional qualifications related to the teaching field.*

**I. Teaching Evaluation**
**Supervisor or Designee for Classroom Observation Name:**

<b>EXPECTED BEHAVIOR OF INSTRUCTOR</b>	<b>Meets Expected Goals</b>	<b>Needs Improvement</b>	<b>Exceeds Expectation</b>	<b>Does Not Apply</b>	<b>Did Not Observe</b>
1. Defines objectives for class/lab presentation.					
2. Checks attendance.					
3. Begins and ends class on time.					
4. Briefly reviews the last class session.					
5. Demonstrates <b>control</b> of the class.					
6. Is prepared for the class session.					
7. Presents material in a clear, understandable manner.					
8. Demonstrates command of the subject matter.					
9. Encourages students to ask questions and responds in an appropriate manner.					
10. Engages students in the learning process by using a variety of teaching methods.					
11. Encourages critical thinking and analysis.					
12. Checks students' understanding of class outcomes.					

Comments: (add additional sheet or use the space at the end of this document if needed)

**II. Teaching-Related Duties** *These duties listed below are essential duties performed by instructors to effectively meet the instructional needs of the campus and its students.*

Yes: Requirement Met	No: Requirement Not Met	Not Applicable	
			Syllabi in accordance with SUSCC specifications
			Faculty member meets departmental policies and processes for instructional outcomes.
			Uses learning management system to upload course syllabi, document grades, and maintain an introductory page.
			Uses electronic resources to meet administrative record keeping and deadlines regarding student attendance (e.g. Financial Aid verification), as well as submitting alerts, final grades, and other appropriate notifications.
			Uses institutional email for accessing departmental and institutional information.
			Notifies appropriate Dean/Department Chair in advance of class cancellation.

**III. Student Evaluations** *Student evaluations are used by SUSCC to assist in maintaining the quality of education. (Attach student evaluation comments for support as needed.)*

**Signatures:**

**My signature below acknowledges that I have read and discussed my evaluation with my supervisor. My signature does not imply agreement with the evaluation. (The information submitted *and any responses will be placed into the individual's personnel file.*)**

Faculty Acknowledgement: By checking this box and typing in your name below you confirm that you have read the contents of this document.

**Faculty Member:**

**Date:** \_

**Observer:**

**Date:**

**Supervisor:**

**Date:**

**Dean:**

**Date:**

**Additional Comments:**