



West Chester University of Pennsylvania
Department Committee
Faculty Evaluation Form and Performance Review

Faculty Member: _____

Department: _____

Semester(s) Reviewed: _____

Date of Review: _____

Date of Appointment to the Department: _____

Date of Appointment to the University: _____

Rank/Title: _____

Highest Degree Earned: _____

Type of Evaluation (check where applicable):

Post tenure 5-year evaluation: ☐

Regular Part-Time: ☐

Probationary Year: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Promotion: ☐ Year 1 ☐ Year 2

Temporary: ☐

Interim: ☐

Description of Primary Assignment (attach job description or letter of understanding written at appointment, if applicable).

Description of Secondary Assignment, if applicable (indicate if included in job description).



EVALUATION: "The Committee's evaluation shall be based on student evaluations, peer evaluations, an updated copy of the Faculty member's vita, any other pertinent data that the Faculty member wishes to submit and any other data which the department evaluation committee may deem pertinent", [Collective Bargaining Agreement, Article XII, C, 1, b].

Each of the three specific evaluation areas to be covered should be handled in two ways: (1) Selecting one of the four categories describing the evaluatee's performance. Each of the categories is intended to serve a carefully defined function, discussed below. (2) Including a thorough narrative explanation justifying the selection. Mere selection of an objective description does not constitute evaluation and is unacceptable. Evidence must be cited in support of judgments. Use additional space as needed.

Does Not Meet Professional Standards: This description should be reserved for rare cases where an individual is mismatched with his job or is simply incompetent.

Improvement Needed: This comment should be used frequently and without hesitation. It means simply that there appear to be aspects of the evaluatee's performance which could be improved. It should only rarely, and then in obvious cases, be considered pejorative. For example, beginning faculty or experienced persons taking on new assignments, should frequently be expected to need improvement in their performance.

Meets Professional Standards: This designation will probably be used to describe a majority of the cases that are considered. It is specifically intended as a means of avoiding narrow "grading" of personnel. Qualitative differences should emerge from the narrative explanation section of the evaluation.

Distinguished: This description should almost never be used. It should be reserved as a means of recognizing unequivocally superior performance.

1. EFFECTIVE TEACHING AND FULFILLMENT OF PROFESSIONAL RESPONSIBILITIES:

- | | |
|---|---|
| <input type="checkbox"/> Does Not Meet Professional Standards | <input type="checkbox"/> Improvement Needed |
| <input type="checkbox"/> Meets Professional Standards | <input type="checkbox"/> Distinguished |

Explanation: [Indicated, when applicable, by such items as student evaluations, peer evaluations, classroom visitations, quality of syllabi, quality of student advisement, willingness to accept departmental work assignments, timely execution of work assignments, etc., (See Collective Bargaining Agreement XII, B, 1)].

2. CONTINUING SCHOLARLY WORK

☐ Does Not Meet Professional Standards ☐ Improvement Needed

☐ Meets Professional Standards ☐ Distinguished

Explanation: [Indicated, when applicable, by such items as development of experimental programs, papers delivered at national and regional meetings of professional societies, regional and national awards, etc., (see Collective Bargaining Agreement XII, B, 2)].

3. SERVICE: CONTRIBUTION TO THE UNIVERSITY AND/OR COMMUNITY

☐ Does Not Meet Professional Standards ☐ Improvement Needed

☐ Meets Professional Standards ☐ Distinguished

Explanation: [Indicated, when applicable, by such items as quality of participation in programs, department, college, and university committees; APSCUF activity contributing to the governance of the university; development of new course(s) or program(s); etc. (see Collective Bargaining Agreement XII, B, 3)].



4. OVERALL ASSESSMENT

☐ Does Not Meet Professional Standards ☐ Improvement Needed

☐ Meets Professional Standards ☐ Distinguished

(Refer to preceding sections where specific strengths and weaknesses are detailed as a basis for the chairperson's recommendation to the appropriate dean or manager.)

Department Chair Name: _____

Date: _____ Signature: _____

Faculty Member: Please check one of the following:

☐ I accept this evaluation report.

☐ I disagree with this report. My signature merely indicates that I have read the report and have had the opportunity to attach a personal statement to it.

☐ I disagree with this report and will attach a personal statement within one week of the date of my signature

Date: _____ Faculty Member Signature: _____

Cc: Chairperson
Faculty Member