**Nebraska College of Technical Agriculture**

|  |  |
| --- | --- |
| Faculty Member's Name: |  |
| Division/Unit(s): |  |
| Evaluation Year: |  |
| Position Title: |  |
| Date Prepared: |  |
| 100% teaching? (Y or N): |  |

# Purpose

This evaluation process is intended to assist faculty with improving their effectiveness at NCTA. The document will identify faculty strengths and opportunities for improvement, and provide a collaborative mechanism for recommending remedies for those areas needing improvement. This document will also be used to identify exceptional faculty performance during promotion considerations, merit raises and award decisions.

# Procedures, timeline and responsible party

|  |  |  |
| --- | --- | --- |
| **Timeline** | **Responsible party** | **Action** |
| Sep 15-Dec 1 | Dean/Asst Dean/DC | Conduct classroom observations |
| Dec 2-5 | HR | Provide the current Job Description to supervisor to review & make revisions if necessary |
| Dec 6-15 | Supervisor | Return Job Description to NCTA HR for preparation of signatures |
| Dec 16-19 | HR | Provide Evaluation form to Supervisors |
| Dec 20-Jan12 | HR | Submit a clean updated Job Description to supervisor for evaluation process and signatures |
| Jan 13-Mar 2 | Supervisor | Conduct evaluation process |
|  | Faculty member | Provide the following to division chairs:* Last year’s goals
* Evidence of student learning outcomes assessment and reporting
* Self-assessment of accomplishments towards achieving last year’s goals
* Proposed goals for the upcoming year
* All syllabi used during the academic year of the review.
 |
|  | Administrative Support Assistant | Provide copies of course evaluations to faculty member and their supervisor. |
|  | Supervisor | The academic year evaluation will be based on the course evaluations from the last calendar year (the most recently evaluated fall and spring semesters). New faculty will use course evaluations from the most recent fall semester if they have not been at NCTA for a full year. |
|  | Supervisor | (Optional but strongly encouraged for faculty in their first three years) Meet twice with faculty member to provide formative evaluation and recommendations for improvement |
| Mar 3-16 | Supervisor | Submit evaluation document to Dean’s Office. Supervisor recommendation to Dean for rehire/dismissal.  |
| Mar 17-Apr 15 | Dean’s Office | Recommendation by Dean for rehire/dismissal of faculty member.Submit final signed evaluation documents need to NCTA HR for personnel files |
| Apr 16-30 | HR | Prepare copies for the faculty members as well as Finance and Personnel office in Lincoln. |

Provide comments to the faculty member that are both summative (noting performance during the year evaluated) and formative (ways to improve the existing level of performance). Indicate the faculty member’s overall performance during the year evaluated. Not all performance areas have equal weight in determining the overall evaluation.

|  |
| --- |
| **PERFORMANCE NARRATIVE** |
| (Brief and succinct responses are encouraged but faculty and supervisors may use additional space if needed to accurately complete the narrative.) |
| **Evaluation of Previous Year Goals and Accomplishments** |
| **Faculty self-assessment of student learning outcomes analysis (required for all teaching faculty)**The faculty member documents that student learning outcomes were assessed in all courses, results were summarized, and the outcome of that analysis was used to improve subsequent teaching activities: |
| **Evaluator assessment of student learning outcomes analysis and subsequent application of assessment to improve teaching:** |
|  |
| **Faculty Self-Assessment of other accomplishments**The faculty member documents his or her other accomplishments for the past academic year - examples might include program and curriculum advancements, newly aligned partnerships, articulation agreements, equipment upgrades, classroom/lab enhancements, etc.: |
| **Evaluator assessment of previous year accomplishments:** |
|  |
| **Next Year Goals and Accomplishments** |
| **Student learning outcomes**The faculty member, working collaboratively with the division chair, indicates how the analysis of previous student learning outcome assessment will be used to improve student learning in the upcoming year. Faculty will also briefly discuss how student learning outcomes will be assessed in all upcoming courses, results will be summarized and analyzed to improve subsequent teaching activities. |
| **Other faculty goals**The faculty member, working collaboratively with the division chair, lists other appropriate goals for the upcoming year, generally involving improving teaching, faculty professional development, cultivating strategic partnerships with industry and other groups, or securing additional college resources: |

|  |
| --- |
| **PERFORMANCE AREAS** |
| **Supervisor evaluation:** Please check a box, from 1 through 5, which best describes your evaluation of the corresponding faculty member. | 1 = unsatisfactory2 = needs improvement 3 = good work4 = outstanding work 5 = extraordinary year |
| **This person effectively and appropriately…** | **1** | **2** | **3** | **4** | **5** |
| Facilitates appropriate student learning and development |  |  |  |  |  |
| Measures, reports and utilizes student learning outcomes assessment |  |  |  |  |  |
| Is competent in the subject matter taught |  |  |  |  |  |
| Uses appropriate instructional technology |  |  |  |  |  |
| Is involved in college wide activities such as clubs, committees, etc. |  |  |  |  |  |
| Is supportive and nurturing to students both in and out of class |  |  |  |  |  |
| Gets along well with colleagues and other college employees |  |  |  |  |  |
| Uses college resources efficiently and appropriately |  |  |  |  |  |
|  |  |  |  |  |  |
| **Supervisor’s overall evaluation of faculty members effectiveness** |  |  |  |  |  |

The final evaluation category is the Unit Administrator’s assessment of the faculty member’s overall performance for the year being evaluated.

1. **Unsatisfactory –** performance represents a substantial and chronic deficiency. Guidance should be provided to the faculty member for significant improvement through the use of an improvement plan. If the faculty member does not make acceptable progress toward remedying the deficiency by the next annual evaluation, a review will be initiated. An overall evaluation of either Underperforming or Unsatisfactory during the next annual evaluation represents a failure to make substantial acceptable progress towards remedying the deficiency. Progress towards correcting deficiencies would be reflected in receiving an overall ranking of Needs Improvement**,** or higher.
2. **Needs Improvement –** is **not** to be used in consecutive years. Guidance should be provided to the faculty member so they can realistically achieve significant improvements (reaching at least Good Work performance within one year; failure to meaningfully improve will result in an Unsatisfactory rating during the next evaluation period). Underperforming should NOT be used for faculty members who have performance levels representing a substantial and chronic deficiency which should be reflected in an Unsatisfactory performance rating.
3. **Good Work –** is the performance rating that is the accepted standard of excellence at NCTA, and is the rating that most faculty members will receive.
4. **Outstanding Work –** defines performance in a year in which a faculty member clearly has significant successes, but not in all programmatic areas.
5. **Extraordinary Year –** is reserved for an occasional year when the typical faculty member can identify extraordinary impacts and accomplishments across all program areas, *or* for those very few faculty members whose level of performance is consistently outstanding across all areas and who has meaningful programmatic impacts and accomplishments far above their peers.

**Additional or New Comments by Faculty Member after Evaluation Meeting with Unit Administrator(s)** (Brief and succinct responses are encouraged but faculty and supervisors may use additional space if needed to accurately complete the narrative.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supervisor’s recommendation for rehire** | **Yes** |  | **No** |  |
| **Supervisor’s rationale for recommendation:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dean’s recommendation for rehire** | **Yes** |  | **No** |  |
| **Dean’s rationale for recommendation:** |

**Supervisor’s signature:** This form was completed on (Date), by (Signature)

**Employee’s signature:** This form was reviewed and comments (if any) entered on (Date), by

 (Employee’s Signature)

 **Dean’s signature:** This form was completed on (Date), by (Signature)