FIRST-LEVEL MANAGER’S EVALUATION

# FACILITATOR, FACULTY SUCCESS CENTER

Evaluatee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status (Contract 1, 2, 3, or Regular)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the checklist below evaluating the faculty member’s performance. Any item checked “No” must be thoroughly explained in the Narrative section*.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not Appropriate to Assignment |
| 1. Does the faculty member maintain subject matter competency? |  |  |  |
| 2. Does the faculty member participate in peer evaluation as an evaluator?  |  |  |  |
| 3. Does the faculty member arrive to assignments in a timely manner? |  |  |  |
| 4. Does the faculty member schedule and maintain office hours? |  |  |  |
| 5. Does the faculty member submit accurate student records in a timely manner? |  |  |  |
| 6. Is the faculty member involved inactivities that support teaching and student learning, professional development, and professional service? |  |  |  |
| 7. Does the faculty member work actively to encourage a climate of trust, mutual support, and cooperation among students? |  |  |  |
| 8. Does the faculty member maintain effective working relationships with staff and colleagues? |  |  |  |

Narrative: Use the following criteria as a guide to evaluate the faculty assigned as the Facilitator of the Faculty Success Center (FSC).

* Describe the ways in which the activities in the Center support learning initiatives, college goals, equity, and/or institutional effectiveness.
* Evaluate the effectiveness of the FSC Facilitator’s efforts to coordinate with various departments on campus.
* Evaluate the ways in which activities support the needs of faculty, both part-time and full-time.
* Describe the assessment results to evaluate the effectiveness of FSC activities.
* Commendations
* Recommendations

FLM/Designee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name Signature Date

Evaluatee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name Signature Date