NTT Faculty Performance Review Form

Submit a copy of the completed and signed performance evaluation form to
the Provost’s Office (snowell@gustavus.edu) by March 1, 2019.

This is an evaluation to provide formative feedback for our NTT faculty. This feedback is meant to support and guide the faculty member in their professional development and provides the basis for a recommendation for reappointment (if applicable). If you wish to include more information than is contained within this form, feel free to attach a narrative letter to this completed template form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Department:** |  |

# Teaching

I have reviewed the faculty member’s student evaluations from:

[ ] Spring 2018 [ ] Fall 2018 [ ] January 2019

In addition, which of the following were used to make this teaching evaluation?

[ ] Direct observation

[ ] Review of course content (syllabi, course materials, etc.)

[ ] Reports of direct observations by other faculty

[ ] Faculty member’s responses to student course surveys

[ ] Other:

|  |
| --- |
| **Please comment on the faculty member’s abilities/strategies in the area of teaching (feel free to address any of the following areas within your comments: class organization, class management, student engagement, subject/topical knowledge, presentation style, communication skills, use of student feedback for improvement):** |
|  |
| **Note up to three strengths in this colleagues teaching effectiveness (mention here exceptional achievements and contributions):** |
| 1. |
| 2. |
| 3. |
| **Note up to three areas for formative growth in the area of teaching:**  |
| 1. |
| 2. |
| 3. |

**Contributions outside of teaching (if applicable):**

|  |
| --- |
| **Please comment on this faculty member’s contributions that are outside of the area of teaching (i.e., advising, departmental or college service, other assigned duties or responsibilities):** |
|  |
| **Note up to three strengths in this/these areas (mention here exceptional achievements and contributions):** |
| 1. |
| 2. |
| 3. |
| **Provide up to three formative recommendations for growth in areas outside of teaching:** |
| 1. |
| 2. |
| 3. |

# Additional Comments, if any:

Special commendations or admonitions, if any, including recommendations to the colleague for continued professional development.

[Insert comments]

# Recommendation Regarding Reappointment:

Formal recommendation to the Provost for continuation/non-continuation of appointment, including any conditions or caveats.

[Insert text]

**We acknowledge we have discussed the content of this evaluation.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Faculty Signature** |  | **Reviewer Signature** |
|  |  |  |
| **Date** |  | **Date** |

**Note to the colleague being reviewed:** You may respond to any portion of this review, in writing, to the Provost’s Office. We request such follow up take place within 30 days of your conversation.