# Faculty Evaluation Summary Form

**Name of Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program(primary):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Review: □ Probationary (every 4 months)**

 **□ Full-time (every 3 years)**

 **□ Partial Load**

 **□ Part-time/Sessional**

 **□ Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Professional Development (Faculty)**
* *Highlight the faculty’s Professional Development for the duration of this review period (any and all activities used to stay current in their field and continuously improve their teaching effectiveness).*
1. **Self Evaluation (Faculty)**
* *Highlight the nature of the self evaluation activities and reflections*
1. **Peer Evaluation (Faculty)**
* Highlight the nature of the peer evaluation process, conclusions and major points of feedback
1. **Faculty/Course Evaluation Results (Faculty)**
* Summarize the key points of feedback from faculty/course evaluation results (relate current to trend information wherever possible)
1. **Classroom Observations (Dean)**
* Summarize classroom observations from visit(s); include observations with regard to preparedness, content relevancy and currency, instructional methods, enthusiasm, communication, levels of engagement, use of instructional technology, etc.

**Areas of Strength:**

**Areas of Professional Growth Noted:**

1. **Student Feedback (Dean)**
* Summarize feedback received from students if classroom discussions are organized by the Dean (optional)
1. **Team Feedback/Observations (Faculty)**
* Highlight the feedback received from peers regarding team participation, program interaction and observed team behaviours
1. **Other Observations (Dean)**
* Highlight non-classroom related performance, overall team/school participation, etc.
1. **Summary (Dean)**
* Summary comments by the Dean regarding this review

 **Professional Development Plan for next Year (key elements):**

1. **Faculty’s Comments (Faculty)**
* Any comments the faculty member would like to make related to the content in this review

**Completed by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Dean (signature) Date**

*I acknowledge that I have read the above evaluation and it has been discussed with me.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professor (signature) Date**

**Attachments to Accompany Faculty Evaluation Summary Form (retained in H&OD):**

1. Faculty/Course Evaluation results
2. Peer Evaluation Results (Classroom Observation & Team)
3. Self Evaluation – Reflection
4. Individual Development Plan