# 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