

Faculty Performance Appraisal Form

Staff Name : _____

Title : _____

Program: MEDICINE//DENTISTRY//PHARMACY//NURSING Department: _____

Period of the appraisal : _____

Date of appraisal : _____

Name of HOD: _____ Vice Dean: _____

Listed below are the five general areas of faculty performance.

For each area, describe the overall performance of the faculty member related to the College mission. Provide specific examples and documentation for ratings of unsatisfactory and outstanding performance.

5 - Excellent/Superior. Consistent outstanding meritorious accomplishments.

4 - Very Good. Quality and quantity of work consistently very good; goals regularly met or exceeded; very productive.

3 - Satisfactory. Individual performing at a "satisfactory level."

2 - Needs Improvement. Individual not performing at adequate level. Corrective action required.

1 - Unsatisfactory. Individual performance totally unsatisfactory. Immediate corrective action imperative.

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|--|----------|----------|----------|----------|----------|
| 1. <u>INSTRUCTIONAL EFFECTIVENESS</u> | | | | | |
| SUBJECT MATTER MASTERY: Subject Expertise and content relevance | 1 | 2 | 3 | 4 | 5 |
| PUNCTUALITY: Time Management (Meeting and dismissing classes on time) | 1 | 2 | 3 | 4 | 5 |
| TEACHING (IN THE CLASSROOM): Presentation and Facilitation Skills (making subject more comprehensible to students/ communication skills) | 1 | 2 | 3 | 4 | 5 |
| Skill in Creating the Learning Environment and Flexibility (engaging and supporting students' learning and ability to tailor strategy to suit heterogeneous learner styles) | 1 | 2 | 3 | 4 | 5 |
| Feedback Skills (application of information to improve) | 1 | 2 | 3 | 4 | 5 |
| VALIDITY OF ASSESSMENTS: formative and summative assessments relevant to learning outcomes under domains of learning | 1 | 2 | 3 | 4 | 5 |
| <u>OVERAL ASSESSMENT FOR THIS SECTION:</u> | 1 | 2 | 3 | 4 | 5 |
| 2. <u>CURRICULUM ENHANCEMENT</u> | | | | | |
| COURSE MATERIALS (focus on recommended texts, additional resources, updates, inputs on potential improvements/modifications to curriculum and preparation of study materials) | 1 | 2 | 3 | 4 | 5 |

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|---|----------|----------|----------|----------|----------|
| 3. PROFESSIONAL DEVELOPMENT | | | | | |
| FACULTY DEVELOPMENT WORKSHOPS (willingness to upgrade, participation and evidence of quality enhancement) | 1 | 2 | 3 | 4 | 5 |
| PEER REVIEWED PUBLICATIONS (Journals, books, Scientific conferences etc.) | 1 | 2 | 3 | 4 | 5 |
| 4. INTERPERSONAL RELATIONSHIPS | | | | | |
| ABILITY TO WORK AS A TEAM MEMBER | 1 | 2 | 3 | 4 | 5 |
| RESPECT FOR COLLEAGUES | 1 | 2 | 3 | 4 | 5 |
| 5. ADHERENCE TO COLLEGE POLICIES AND PROCEDURES | | | | | |
| COMPLIANCE WITH POLICIES AND PROCEDURES | 1 | 2 | 3 | 4 | 5 |
| TIMELY RESPONSE TO ADMINISTRATIVE REQUIREMENTS (exams, response to memos etc.) | 1 | 2 | 3 | 4 | 5 |
| CONTRIBUTION TO COLLEGE DEVELOPMENT ACTIVITIES (demonstrated additional responsibilities, Voluntary activities – academic, extra/co curricular etc.) | 1 | 2 | 3 | 4 | 5 |
| 6. PROFESSIONALISM: | | | | | |
| PROFESSIONAL ATTITUDE & ETHICAL BEHAVIOR (accepts responsibility, shows initiative, leadership Traits and sensitivity towards personal/religious issues) | 1 | 2 | 3 | 4 | 5 |

HOD's Signature

Date

Vice Dean's Signature

Date

Faculty Member's Signature*

Date

DEAN'S COMMENTS:

RECOMMENDATION SECTION

I recommend this employee be:

- **Retained in Position if conditions do not exist for a reduction-in-force.**
- **Placed on Probation from _____ to _____.**
- **Not Retained (for reason checked)**

Dean's Signature

Date

*Note: Faculty signature does not necessarily indicate agreement with the appraisal, only that it has been discussed with the faculty. Faculty are obligated to acknowledge the appraisal if Dean has discussed it with faculty.