## **Appendix L** College of Micronesia-FSM **College Of Micronesia-FSM Instructional Faculty Evaluation Form**

Instructor's Name: \_\_\_\_\_ Division:

Evaluator's Name: \_\_\_\_\_\_Period covered.

From: \_\_\_\_\_To:\_\_\_\_\_

[] Annual Review [] Step Increase [] Contract Renewal [] 6 Months Review [] Other

<b>Supervisor's summative review section</b> (chair, state campus director, or other supervisor. Respond to applicable sections)	Satisfactory	Needs Improvement (include specifics in comments)
1. SUBJECT MATTER CONTENT (shows good command and knowledge of subject matter of the course)		
2. STUDENT LEARNING OUTCOMES (shows responsibility for student progress toward achieving stated learning outcomes, communicates desired learning outcomes to the students, shows a commitment to effectiveness in producing those learning outcomes)		
<b>3. ORGANIZATION</b> (organization of subject matters; methods of presentation, evidence of preparation; thoroughness; clear objectives; emphasis and summary of main points, meets class at scheduled time)		
<b>4. RAPPORT</b> (holding interest of students; commanding their respect; fairness and impartiality; encourages participation)		
5. TEACHING METHODS (use of teaching aids, materials, and techniques; variety; balance; imagination)		
6. PRESENTATION (delivery; projection; clarity and precision; use of English)		
7. MANAGEMENT (attention to classroom routine; leadership ability; discipline and control)		
8. PROFESSIONALISM (adheres to the professional code of ethics)		
<b>9. SENSITIVITY</b> (exhibits sensitivity to students' and colleagues' personal culture, and gender differences, in a non-threatening learning environment)		
<b>10. ASSISTANCE TO STUDENTS</b> (assists students with academic problems, participates in college advising system)		
11. PERSONAL (evidence of self-confidence; professional appearance)		
<b>12. DIVISION RESPONSIBILITIES</b> (recommends textbooks, performs assigned duties during registration, presents problems and recommendations to supervisor, prepares course outlines, submits syllabi, maintains regular office hours, submits deficiency lists, submits grades, submits other required reports)		
<b>13. SERVICE TO COLLEGE AND COMMUNITY</b> (attends and participates in commencement exercises, attends assigned committee meetings, service to the community)		

## This section is for faculty with chair responsibilities

Supervisor's summative review section (state campus director, or other supervisor. Respond to applicable sections)	Satisfactory	Needs Improvement (include specifics in comments)
<b>C1. DUTY COMPREHENSION</b> (shows good understanding of his or her duties as a supervisor)		
<b>C2. PLANNING</b> (shows ability to effectively prioritize, create time lines, and delegate tasks to their staff)		
<b>C3. MENTORING</b> (works with staff and/or faculty if appropriate to improve their job performance throughout the year)		
<b>C4. LEADERSHIP</b> (inspires and directs faculty member to achieve department and institution goals)		
<b>C5. COMMUNICATION</b> (keeps faculty/staff informed on items that affect their jobs)		
<b>C6. FAIRNESS</b> (treats staff/faculty equally and consistently over time)		
<b>C7. CONFLICT RESOLUTION</b> (proficient at handling conflict in their department)		
<b>C8. EVALUATION</b> (follows through on the performance evaluation process)		

## **EMPLOYEE'S COMMENTS**:

Employee:	My signature below indicates that I have read and discussed this evaluation with my supervisor.				
	Employee's Signature	Employee's Signature Date			
Primary Supe	rvisor or Coordinator My signature below indicates given a copy of this evaluatio performance of the employee understood the Performance F	n to the employee, regul on the job factors which	larly and directly ob	served the	
Signature	Supervisor's Date	Signature Dat	ce Co-Su	ipervisor's	
vice Presi	dent of Instructional Affairs (VPI My signature below indicates employee and approve the rec VPIA's Signature	that I concur with the second rating.	upervisory rating ev  Date	aluation of the	
		RESOURCES OFFIC	CE		
Received By: _		Date:			
Salary Increme	Salary Increment Increase Effective Date: S		Amou	Amount: \$	
Contract Rene	ewal Effective Date:	NTE:	Step:	Amount:	
Human Resou	rces Director:				
	Signature		Date		