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| COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES  **ANNUAL FACULTY EVALUATION SUMMARY**  **August 16, 201\_ to August 15, 201\_**  **Department of \_\_\_\_\_\_\_** | | | | | | | | | | | |
| **Faculty Name:** |  | | **Rank:** | | | |  | | **Date of Evaluation:** | |  |
| **Date of Appointment:** |  | | **Date of Last Promotion:** | | | |  | | | | |
| **Years of Service at WKU through current year:** | | |  | | | | **Years of university experience**  **prior to WKU:** | | | |  |
| **A. Teaching** |  | | **Unacceptable1\_\_\_\_** | | | | **Good2\_\_\_\_** | | **Meritorious3\_\_\_\_** | |  |
|  |  | | **Check if remediation plan required\*\_\_\_\_** | | | | | | | |  |
| **Summary:** |  | | | | | | | | | | |
| **B. Research and Scholarship** | | | | **Unacceptable1\_\_\_\_** | | **Good2\_\_\_\_** | | **Meritorious3\_\_\_\_** | |  | |
|  |  | | | **Check if remediation plan required\*\_\_\_\_** | | | | | |  | |
| **Summary:** |  | | | | | | | | | | |
| **C. Service** |  | | | **Unacceptable1\_\_\_\_** | | **Good2\_\_\_\_** | | **Meritorious3\_\_\_\_** | |  | |
|  |  | | | **Check if remediation plan required\*\_\_\_\_** | | | | | |  | |
| **Summary:** |  | | | | | | | | | | |
| **C. Organizational Citizenship** | | | | **Unacceptable1\_\_\_\_** | | **Good2\_\_\_\_** | | **Meritorious3\_\_\_\_** | |  | |
|  |  | | | **Check if remediation plan required\*\_\_\_\_** | | | | | |  | |
| **Summary:** |  | | | | | | | | | | |
| \* Remediation plans for faculty members are initiated in the second of two consecutive years of an “unacceptable” rating in a particular category. If a tenured faculty member does not meet the conditions in their remediation plan, the Post-tenure Review Process is initiated. Untenured faculty who are not successful in meeting the conditions in their remediation plan will receive an unfavorable continuance letter.  1Unacceptable….. Performance is consistent with departmental/school standards for unacceptable performance.  2 Good …………. Performance meets departmental/school standards for good performance.  3 Meritorious …... Performance meets departmental/school standards for meritorious performance. | | | | | | | | | | | |
| **E. Post-tenure Review:** | |  | | | | | | | | | |
| **F. Progress on Goals:** | |  | | | | | | | | | |
| **G. Goals for Upcoming Year:** | |  | | | | | | | | | |
| **H. Remediation Plan (if necessary):** | |  | | | | | | | | | |
| **I. Department Head/School Director Comments:** | |  | | | | | | | | | |
| **This evaluation was discussed on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by:** | | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Department Head/School Director** | | | | | **Faculty Member**  *(Signature indicates only that faculty member has reviewed and discussed the evaluation with the department head/school director.It does not necessarily indicate agreement with the evaluation.)* | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  | | | | | | |
| **Dean** | | | | |  | | | | | | |
| **Dean’s Comments:** | | | | | | | | | | | |