F2.08 Annual Faculty Review Instructions

1. Faculty should complete the F2.08 at the end of EACH academic year (by September 30).
2. This is a NEW form. Do not use old forms or copy and paste from old forms.
3. Faculty MUST include dates for all activities. Any activity listed without a date will NOT be considered in the evaluation process.
4. Information should be brief and to the point.
5. Do not include information if it did not occur during the review period.
6. Type information directly into the document.
7. Do not include additional or supporting documentation unless requested.
8. Instructors teaching fully online sections should complete the online section of the faculty evaluation.

F2.08 Annual Faculty Review

Lamar State College Port Arthur

*Directions: Type your information directly into the second column. Use the tab key or the arrow down key to move to the next field.*

|  |  |
| --- | --- |
| Report and Evaluation Period: |  |
| Name: |  |
| LSCPA Employee Number: |  |
| Program: |  |
| Department: |  |
| Current Rank: |  |
| Tenure Status: |  |
| Date Employed at LSCPA: |  |
| Date Submitted: |  |

Signature:

|  |  |  |  |
| --- | --- | --- | --- |
| Technical Division | Academic Division |  | **SATISFACTORY** |
| Instructor I | Instructor |  | All of Minimal |
| Instructor II | Assistant Professor |  | All of Minimal And 1 of Advanced (from any category)\* |
| Instructor III | Associate Professor |  | All of Minimal And 2 of Advanced (from any category) |
| Instructor IV | Professor |  | All of Minimal And 3 of Advanced (from any category) |
|  | **EXCEEDS EXPECTATIONS** |
| Instructor I | Instructor |  | All of Minimal And 1 of Advanced (from any category) |
| Instructor II | Assistant Professor |  | All of Minimal And 2 of Advanced (from any category) |
| Instructor III | Associate Professor |  | All of Minimal And 3 of Advanced (from any category) |
| Instructor IV | Professor |  | All of Minimal And 4 of Advanced (from any category) |
|  | **GREATLY EXCEEDS EXPECTATIONS** |
|  | Anything that surpasses the above criterion or exceeds expectations. |

ANNUAL FACULTY REVIEW

\*Categories: (I) Instructional, (II) Professional Advancement, (III) participation in program, department, and campus activities, and (IV) Community Service and Other Activities.

Report on teaching effectiveness/production; exceptional teaching techniques; instructional innovations; new course developments; special projects; special awards; equipment maintenance, and equipment donations.

**CATEGORY I. INSTRUCTIONAL**

**Minimal**

**Yes No N/A**

Pre-/Post-test given for each course [ ]  [ ]  [ ] Financial aid verification completed [ ]  [ ]  [ ]

Verified 12th class day rolls [ ]  [ ]  [ ]

Submitted syllabi by due date [ ]  [ ]  [ ]

Submitted final course grades by due date [ ]  [ ]  [ ]

Submitted artifact assessments by due date [ ]  [ ]  [ ]

Attended LSCPA Faculty Development Day for fall [ ]  [ ]  [ ]

Attended LSCPA Faculty Development Day for spring [ ]  [ ]  [ ]

Attended Open House (fall) [ ]  [ ]  [ ]

Attended Open House (spring) [ ]  [ ]  [ ]

Attended New Student Orientation session(s) [ ]  [ ]  [ ]

Attended Fall Commencement [ ]  [ ]  [ ]

Attended Spring Commencement [ ]  [ ]  [ ]

Completed Face-to-Face Online Orientation (if applicable) [ ]  [ ]  [ ]

Attended Program Advisory Committee meetings (if applicable) [ ]  [ ]  [ ]

If the student evaluations (Student Questionnaire on Instruction) for each of the numbered items below indicate an average of less than 80% in the “Strongly Agree” and “Agree” categories, the Instructor will receive a mark in the “Needs Some Improvement” category of the Instructional section and a Professional Improvement Plan may be developed upon following discussion with instructor’s department chair. Instructor develops or participates in implementing a course outline, which includes appropriate objectives, grade scale, and class assignments suitable to the objectives. ***These implementations must be new implementations done during the evaluation period.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Description** | **Fall Rating** | **Spring Rating** |
| **19** | According to HB2504, instructor posts the approved LSCPA syllabi at least one week prior to the beginning of each semester. The instructor teaches assigned courses following the approved syllabus. |  |  |
| **11** | Meets the academic and/or clinic advising needs of currently enrolled students by being available during office hours; properly maintains office and classroom hours as assigned |  |  |
| **4** | Instructor speaks clearly |  |  |
| **7** | Enjoys teaching |  |  |
| **8** | Encourages student expression |  |  |
| **9** | Uses various teaching methods |  |  |

Make course revisions **annually**, which reflect new advances in the field concerning the course subject, student evaluations, and changes based on past experience. ***These are revisions done within the evaluation period.***

|  |  |
| --- | --- |
| ***Course Revision*** | ***Date Completed*** |
|  |  |

# Advanced

Introduces and uses innovative teaching aids to increase student learning, i.e. games, computer-assisted learning, learning packets, and case studies. ***These aids are newly developed aids within the evaluation period.***

|  |  |
| --- | --- |
| ***Teaching Aid*** | ***Date Completed*** |
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Organizes external learning experiences, enrichment activities such as field trips, external rotations, Co-op, etc. to facilitate student learning.

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| --- | --- |
| ***External Learning Experience*** | ***Date*** |
|  |  |

Has a guest lecturer speak to class on related subject ***within the evaluation period.***

|  |  |
| --- | --- |
| ***Guest Lecturer*** | ***Date*** |
|  |  |

Spends time preparing and giving remediation (anything done **above and beyond** the normal instructional duties, i.e. tutoring, extra homework, individual education plan,and **extra** one-on-one instruction).

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| --- | --- |
| ***Activity & Student Name*** | ***Date Completed*** |
|  |  |

Spends time advising/registering students using Appointment Plus. Submit report from Appointment Plus with this document.

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| --- |
| ***Appointment Plus Schedule Attached*** |

Documented evidence of special projects that benefit the program, department, and/or campus (summer camp, program certification or recertification, etc.).

|  |  |
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| ***Special Project*** | ***Date Completed*** |
|  |  |

Prepares and presents lecture in related educational courses**. Presentations are those given in other disciplines, not within your own course of study.**

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| --- | --- |
| ***Lecture in Another Discipline*** | ***Date Completed*** |
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**Prepares and presents in related courses in the absence of assigned faculty** (this means courses within your own discipline). Substitutes for faculty who are absent.

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| ***Substitution for Faculty*** | ***Date Completed*** |
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Earns special teaching award or honor related to instructional excellence.

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| ***Teaching Award or Honor*** | ***Date Completed*** |
|  |  |

Any other specialized teaching assignment (Early College High School, Federal Prison, State Prison).

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| ***Specialized Teaching Assignment*** | ***Date Completed*** |
|  |  |

**Advanced – for online instructors only**

The course(s) being taught meet the LSCPA Quality Assurance Standards (approved by the Office of Distance Learning) and the instructor continues to improve the course and/or instruction. List courses and describe improvements. For example, implemented improvements based on peer reviews, integrated new technology, incorporated feedback from survey.

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Item** |
|[ ] [ ]  Created a new course for online instruction. ***The course must not have been previously taught online by the instructor and was taught online for the first time within the evaluation period.*** |
|[ ] [ ]  Taught a course online for the first time. ***Course may have been previously taught online by another instructor. The course was taught within the evaluation period.*** |
|[ ] [ ]  Introduced and used innovative teaching aids to increase student learning, i.e. games, computer assisted learning, learning packets, and case studies. ***These aids are newly developed aids within the evaluation period.*** |
|[ ] [ ]  Created and put into use new multi-media (video or audio) feature(s) (lecture, introduction, podcast) to facilitate student learning. ***These features are newly developed within the evaluation period.*** |
|[ ] [ ]  Located and put into use new third-party multi-media (video or audio) feature (lecture, documentary, podcast, etc.) to facilitate student learning. ***These features were added within the evaluation period.***  |
|[ ] [ ]  Attended Distance Learning related training. ***Attendance must be within the evaluation period.*** |
|[ ] [ ]  Earned special teaching award or honor related to online instructional excellence. |

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|  | **Greatly Exceeds Expectations** | **Exceeds Expectations** | **Satisfactory** | **Needs Some Improvement** | **Needs Much Improvement** |
| Department Chair | □ | □ | □ | □ | □ |
| Dean  | □ | □ | □ | □ | □ |
| VPAA | □ | □ | □ | □ | □ |
| Comments: |
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**CATEGORY II. PROFESSIONAL ADVANCEMENT**

Report on membership and active participation in state, regional, or national organizations related to your profession; participation in workshops, seminars, and/or conferences related to teaching duties and professional responsibilities. Include report on any research activities; publications of books, monographs, articles; unpublished research and papers; recognized creative accomplishments; papers presented at professional meetings; activities related to significant professional advancement.

**Minimal**

Holds membership in at least one (1) professional organization directly related to your teaching field (examples include: TCCTA, Professional Cosmetology Association, Texas Psychology Association, etc.)

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| ***Professional Organization*** |
|  |

Maintains current professional license, certification or registration, if required.

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| --- |
| ***License or Certification*** |
|  |

**Advanced[[1]](#footnote-1)**

Completes a college-level course that leads to a higher level and/or advanced college degree related to their teaching field.

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| --- | --- |
| ***Course Completed*** | ***Date Completed*** |
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Acquired funded research or grants (research or equipment, Perkins funds do not count).

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| --- | --- |
| ***Funded Research or Grant*** | ***Date Completed*** |
|  |  |

Active member of two (2) or more professional organizations (attends organizational meetings and events [budget permitting]).

|  |
| --- |
| ***Professional Organization*** |
|  |

Completes at least four (4) instructional hours (webinar, continuing education course) which contributes to ***upgrading classroom teaching or clinical teaching skills*** **(**i.e., Word, Excel, Power Point, Adobe, print shop, Panopto, podcast, grant writing, etc.).

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| ***Instructional Activity*** | ***Date Completed*** |
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Attends one (1) upgrading seminar/course that ***directly relates to your teaching field***.

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| ***Upgrading Seminar/Course*** | ***Date Completed*** |
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Demonstrates leadership in professional association (holds office or chairs committee).

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| ***Leadership Role*** | ***Date Completed*** |
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Assumes major responsibility for organizing, and/or executing workshops, seminars, or conferences.

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| ***Responsibility*** | ***Date Completed*** |
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Participates on a local, state, or national committee related to the teaching field.

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| ***Participation*** | ***Date Completed*** |
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Serves as editorial review board member and/or completes a book review for a publishing company.

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| ***Review Board*** | ***Date Completed*** |
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Participates in research activities or creative accomplishments.

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| ***Research/Creative Activity*** | ***Date Completed*** |
|  |  |

Publishes in books (a chapter) or refereed journals in the field, book review published in refereed journals, or publishes in non-refereed publications in the profession.

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| ***Journal or Book*** | ***Date Completed*** |
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Attends two (2) or more professional meetings (not necessarily a member of the organization).

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| ***Professional Meeting*** | ***Date Completed*** |
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Prepares exhibit, paper, or formal presentation at a professional meeting relating to teaching field

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| ***Activity*** | ***Date Completed*** |
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Prepares paper, workshop, monograph, abstract, and/or designed media presentation (on or off campus; not at a professional meeting).

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| ***Activity*** | ***Date Completed*** |
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Sole author of a book (counts 3 times, co-author counts 2 times).

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| ***Book*** | ***Date Completed*** |
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Perform consultation(s) in professional area of expertise.

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| ***Consultation*** | ***Date Completed*** |
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|  | **Greatly Exceeds Expectations** | **Exceeds Expectations** | **Satisfactory** | **Needs Some Improvement** | **Needs Much Improvement** |
| Department Chair | □ | □ | □ | □ | □ |
| Dean  | □ | □ | □ | □ | □ |
| VPAA | □ | □ | □ | □ | □ |
| Comments: |
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**CATEGORY III. PARTICIPATION IN PROGRAM, DEPARTMENT, AND CAMPUS ACTIVITIES**

Report on program, department and campus committee assignments; administrative responsibilities; sponsorship of student organizations; student recruitment, advisement and placement; and other campus services.

**Minimal**

Participates in two (2) student recruitment activities.

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| ***Recruitment Activity*** | ***Date Completed*** |
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Attends (1) one LSCPA sponsored activity.

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| ***Activity*** | ***Date Completed*** |
|  |  |

**Advanced**

Participates on one assigned College, Department, or Program committee.

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| ***Committee*** | ***Date Completed*** |
|  |  |

Demonstrates leadership to Lamar State College Port Arthur by chairing a Campus, Department, or Program committee.

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| ***Activity*** | ***Date Completed*** |
|  |  |

Participates in a special administrative committee or project.

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| ***Special Project*** | ***Date Completed*** |
|  |  |

Participates in additional student recruitments beyond the minimal.

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| --- | --- |
| ***Recruitment Activity Beyond Minimal*** | ***Date Completed*** |
|  |  |

Sponsors and participates in student or alumni organization or serves in a leadership role in student or alumni-related activities.

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| ***Organization Sponsored*** | ***Date Completed*** |
|  |  |

Participates in (2) two or more College, Department, or Program committees.

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| --- | --- |
| ***Committees*** | ***Date Completed*** |
|  |  |

Attends two or more LSCPA-sponsored activities per semester.

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| --- | --- |
| ***LSCPA-sponsored Activity*** | ***Date Completed*** |
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| --- | --- | --- | --- | --- | --- |
|  | **Greatly Exceeds Expectations** | **Exceeds Expectations** | **Satisfactory** | **Needs Some Improvement** | **Needs Much Improvement** |
| Department Chair | □ | □ | □ | □ | □ |
| Dean  | □ | □ | □ | □ | □ |
| VPAA | □ | □ | □ | □ | □ |
| Comments: |
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**CATEGORY IV. COMMUNITY SERVICE AND OTHER ACTIVITIES**

Report on community service activities; consultancies; membership and participation in community organizations; cooperative efforts with private, city, state, and federal programs, and/or agencies; and other activities appropriate for this evaluation.

**Minimal**

Provides service to a community organization, agency, or volunteer group once a year (other than attending meetings).

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| ***Service*** | ***Date Completed*** |
|  |  |

**Advanced**

Serve as a consultant to a community agency, organization, or volunteer group (documentation required).

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| ***Activity*** | ***Date Completed*** |
|  |  |

Provide service to a community organization, agency, or volunteer group more than once a year.

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| ***Service Activity*** | ***Date Completed*** |
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Chair a committee or hold an office within a community organization.

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| ***Activity*** | ***Date Completed*** |
|  |  |

Receive a community award.

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| ***Award*** | ***Date Completed*** |
|  |  |

Participates regularly in a community organization, agency, or volunteer group.

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| ***Community Organization*** | ***Date Completed*** |
|  |  |

Serve as a board member of an organization, agency, or volunteer group.

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| ***Service*** | ***Date Completed*** |
|  |  |

Participates in a LSCPA related and/or sponsored community service project.

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| ***Service Project*** | ***Date Completed*** |
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Miscellaneous (describe activity).

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| ***Activity*** | ***Date Completed*** |
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|  | **Greatly Exceeds Expectations** | **Exceeds Expectations** | **Satisfactory** | **Needs Some Improvement** | **Needs Much Improvement** |
| Department Chair | □ | □ | □ | □ | □ |
| Dean  | □ | □ | □ | □ | □ |
| VPAA | □ | □ | □ | □ | □ |
| Comments: |
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If you feel you made additional contributions in **any** area, you may provide details of this contribution and attach it to the evaluation for special consideration.

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| ***Activity*** | ***Date Completed*** |
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**Compliance with College Policy:**

Complies with the organization’s policies, regulations, rules, and procedures.

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| --- | --- | --- | --- |
|  | **Satisfactory** | **Needs Some Improvement** | **Needs Much Improvement** |
| Self | □ | □ | □ |
| Department Chair | □ | □ | □ |
| Dean | □ | □ | □ |
| VPAA | □ | □ | □ |

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| Comments: |
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**Statement of Faculty Member:**

I have completed my portion of this Annual Faculty Review and I am delivering it to my immediate supervisor for review and evaluation. I understand that:

1. I shall receive a copy of the Annual Faculty Review after my Department Chair, Dean, and/or Vice President for Academic Affairs have completed their reviews.
2. I have the right to request a conference with my Department Chair about the evaluation within 14 business days after the completion of the Annual Faculty Review.
3. I have the right to appeal the Annual Faculty Review within 14 business days after a request for a conference.

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| Faculty Member |  | Date |

This scale used for Summary of Activity Review by Administrators.

**Evaluation Scale:**

* Greatly exceeds expectations in achieving department/program goals.
* Exceeds expectations in achieving department/program goals.
* Satisfactory in achieving department/program goals.
* Needs some improvement in achieving department/program goals.
* Needs much improvement in achieving department/program goals.

Annual Faculty Review Summary

**Summary of Activity Review by Department Chair:**

🞏Greatly exceeds expectations; 🞏Exceeds expectations; 🞏Satisfactory; 🞏Needs some improvement; 🞏Needs much improvement

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| Comments: |
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| Department Chair |  | Date |

**Summary of Activity Review by Dean**

🞏Greatly exceeds expectations; 🞏Exceeds expectations; 🞏Satisfactory; 🞏Needs some improvement; 🞏Needs much improvement

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| Comments: |
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|  |  |  |
| Dean |  | Date |

**Summary of Activity Review by Vice President for Academic Affairs:**

🞏Greatly exceeds expectations; 🞏Exceeds expectations; 🞏Satisfactory; 🞏Needs some improvement; 🞏Needs much improvement

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| Comments: |
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| Vice President for Academic Affairs | Date |

1. Full credit given for joint projects. [↑](#footnote-ref-1)