(1602-2020) CID-HES Supervisor's Evaluation

**New for 2020**: Past calendar year's semester workloads and current spring workload is now entered in the new **Workload** section under "Activities". Only the past CY workload will appear in the annual activity report.

**Note.** The system will time you out after **60 minutes** of inactivity.

If you will be away from your desk for an extended time, place a character/number in any/all required fields and **save** your work so as not to lose it.

**ALSO NOTE:** **Do not** hit the 'Evaluate' button while you have an evaluation form opened, even if it's minimized. This will reload the form, and you will lose any unsaved progress.

**Technical instructions**

You will be signed out of Faculty180 after 60 minutes of inactivity for security reasons. Please save your work accordingly.

Do not hit the 'Evaluate' button while you have an evaluation form opened, even if it's minimized. This will reload the form, and you will lose any unsaved progress.

Only use the Attachments section at the bottom of this form to load a Sabbatical report, if you participated last year.

Other documents should be attached directly to the relevant Activities section entry.

* Examples:
* Course syllabi, evaluations, and classroom observation reports --> TEACHING - Credit Courses
* Article PDFs or video of play production --> RESEARCH - Scholarly and Creative Contributions

AEvaluation Period

|  |  |
| --- | --- |
| **Past Calendar Year\*** |                                                                                                                                        |

BFaculty FTE

Please confirm faculty member's FTE for the past calendar year.

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| --- | --- |
| **Faculty FTE (past calendar year)\*** |  |

CPast Calendar Year's Workload Confirmation

In the field below, check the box to confirm that the past calendar year's workload percentages in the \*Workload\* section of the faculty member's account are reviewed, accurate and approved.

|  |  |
| --- | --- |
| **Supervisor Past Calendar Year Workload Approved?\*** |  Pending Yes |

DIntroduction

This section should outline basic facts such as year employment began, what year in process, and material needed to put the evaluation in context.

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| --- | --- |
| **Supervisor Evaluation: Introduction\*** |  11pt 4 WORDS |

ELong Term Goals and Vision

This section should articulate your current vision for your evaluatee's career and program. This is not meant to be binding in any way and it is acknowledged, in fact expected, that long-term goals and vision will change over time. However, this material should act as a guide to activities and should broadly project future products and impacts.

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| --- | --- |
| **Long Term Goals and Vision (supervisor)\*** |  11pt 6 WORDS |

FHES Assessment Narratives

|  |  |
| --- | --- |
| **HES Scholarship Activities Narrative (Past Calendar Year)\*** |  11pt 11 WORDS |
| **HES Teaching Activities Narrative (Past Calendar Year)\*** |  11pt 11 WORDS |
| **HES Service Activities Narrative (Past Calendar Year)\*** |  11pt 11 WORDS |
| **HES Administrative Activities Narrative Past Calendar Year)\*** |  11pt 11 WORDS |

GProducts and Impacts

This section assesses the products and impacts of the faculty member's activities.

|  |  |
| --- | --- |
| **Products/Impacts (supervisor's assessment)\*** |  11pt 5 WORDS |

HOther Information of Note

This optional section can be used to articulate anything of importance not captured by the other sections.

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| --- | --- |
| **Other Information (supervisor)** |  11pt 0 WORDS |

ISummary Evaluation

Performance summarized by application of the score from 1 to 5 as follows: (5) Employee far exceeds performance expectations; (4) Employee exceeds performance expectations; (3) Employee meets performance expectations; (2) Employee is below performance expectations; (1) Employee does not meet expectations.

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| --- | --- |
| **Overall Rating\*** |              |
| **Summary of Evaluation** |  11pt 0 WORDS |

JPlans and Goals for the Upcoming Calendar Year

This section should discuss plans for the faculty member for next year. Again, this is not binding, but rather an opportunity to articulate how the faculty member may spend her/his time (activities) and what the value of those activities (products and impacts) will be.

|  |  |
| --- | --- |
| **Faculty Goals Set by Supervisor for Next Calendar Year** |  11pt 0 WORDS |

KPlanned Workload for Fall (next academic year)

Workload distribution should total 50% for each semester. (Standard default percentages are shown.) The percentages entered here should reflect the planned distribution of work for the upcoming fall as you know them as of the date you complete this form.

|  |  |
| --- | --- |
| **Current Fall Calendar Year\*** |                                                                                                                                        |
| **Teaching % (next Fall)\*** |  |
| **Scholarship Activities % (next Fall)\*** |  |
| **Service Activities % (next Fall)\*** |  |
| **Administration % (next Fall)\*** |  |
| **Leave/Offset % (next Fall)\*** |  |

LPlanned Workload for Spring (next academic year)

Workload distribution should total 50% for each semester. (Standard default percentages are shown.) The percentages entered here should reflect the planned distribution of work for next spring as you know them as of the date you complete this form.

|  |  |
| --- | --- |
| **Next Spring Calendar Year\*** |                                                                                                                                        |
| **Teaching % (next Spring)\*** |  |
| **Scholarship Activities % (next Spring)\*** |  |
| **Service Activities % (next Spring)\*** |  |
| **Administration % (next Spring)\*** |  |
| **Leave/Offset % (next Spring)\*** |  |

MFaculty - Supervisor Performance Evaluation Meeting

|  |  |
| --- | --- |
| **Has supervisor met with faculty member to discuss this Performance Evaluation?\*** |  Yes, we met No, faculty declined a meeting No, faculty requested meeting not yet held No, both Chair and faculty agreed a face-to-face meeting was not necessary |
| **If meeting occurred, please enter date of meeting** |  |

NSupervisor E-Signature

Please enter the date when you complete this form. You may make further changes until you SUBMIT this from the Evaluation menu.

|  |  |
| --- | --- |
| **Full Name\*** |  |
| **Date Completed\*** |  |