

**This document contains Form E.** The complete Evaluation Procedures can be found at: http://www.suscc.edu/about-suscc/hronline-forms.cms

It is strongly recommended that you download this form to your computer before starting. Once this form is on your computer you can open the form and start your evaluation. To help keep these forms organized please rename the form to include the name of the person being evaluated and the term (Ex, JohnSmithSp2017). All forms contained in this document are fillable.

# **Purpose:**

In order to best determine and improve the College's success in meeting its Mission, the evaluation of all faculty members of Southern Union will occur on an annual basis from August 1 to July 31. The purpose of the annual evaluation is to maintain high educational standards in all areas, monitor and improve instruction, and provide for professional growth that enhances learning.

## The evaluation instrument should:

- 1. Provide an accurate, fair, and objective method for evaluation of all faculty members
- 2. Recognize the strengths of the individual faculty member with regards to knowledge and methodology.
- 3. Encourage professional development and educational growth that strengthens performance and enhances student learning.
- 4. Identify opportunities for individual faculty growth by providing a means of support and development of procedures or training in order to enhance student learning.
- 5. Recognize professional, educational, and community involvement by the faculty that enhances the College and its ability to serve the students and the community.
- 6. Allow faculty members to document their achievements, set goals, express concerns, and respond to their evaluation in a timely manner.
- 7. Provide a documented history of the faculty member's performance and managerial skills as they relate to the job description for that faculty member.
- 8. Reflect the evaluation process as a cooperative effort and an evolving process for the betterment of students, faculty, and the entire College.

## **Evaluation Criteria:**

**Meets Expectations**: This rating indicates the person is meeting all of the required functions of the category being evaluated. This is the standard and **represents a positive evaluation**.

**Needs Improvement:** The employee is not meeting the standard required functions of the category being evaluated. This is below standard. **This rating requires a written explanation by the Evaluator.** 

**Exceeds Expectations:** This rating shows exceptional achievement above and beyond the job description. **This rating requires a written explanation by the employee or Evaluator.** 

**Does Not Apply:** Refers to a job, activity, or category that this individual is not expected to or required to accomplish, and is not part of the job description. This rating **does not** imply a negative rating.



[FORM E]

YEAR:

**DIVISION:** 

**DEPARTMENT:** 

# EVALUATION OF CLINICAL/LABORATORY INSTRUCTION

\*Exceeds Expected Goals and Needs Improvement requires documentation.

Performance Categories	Meets Expected Goals	Needs Improvement	Exceeds Expectations	Does Not Apply
The clinical faculty member orients students to the clinical facility and outlines student				
expectations. The clinical faculty member consistently demonstrates professionalism/ professional characteristics.				
The clinical faculty provides a learning environment conducive to developing clinical judgment and asking questions.				
The clinical faculty optimizes available learning experiences and is available to students throughout the clinical day.				
The clinical faculty provides ongoing verbal and written feedback to the students.				
The clinical faculty reviews clinical evaluations and assigned paperwork in a timely manner.				
The clinical faculty member begins and completes clinical as scheduled.				
The clinical faculty member uses student evaluations to improve instruction and learning outcomes.				

### **Evaluator Comments**

### **Faculty Comments:**

### ACKNOWLEDGEMENT

My signature below acknowledges that I have read and discussed my evaluation with my evaluator. My signature does not imply agreement with the evaluation. (Responses will be placed into the individual's personnel file.)

Faculty Acknowledgement: By checking this box and typing your name below you confirm that you have read the contents of this document

Faculty	Date
Evaluator	Date