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**LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM  
FACULTY EVALUATION AND PLANNING FORM**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Period Covered from \_\_\_\_\_ to \_\_\_\_\_

Department \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (% FTE)

Reason for Rating  Annual  Other \_\_\_\_\_ Hire Date \_\_\_\_\_ Yrs at College \_\_\_\_\_

**INSTRUCTIONS:**

**% of effort** - For each Section indicate the % of the faculty member's overall effort that is assigned for all applicable criterion covered by the section. Note that the total % of effort for all sections combined should equal 100%.

**Criterion Comments** - In the space provided for criterion comments, please provide a brief narrative summary of the faculty member's activities during the period covered. These comments should justify the criterion rating as indicated. Utilize any goals and objectives that may have been set for this criterion in the previous evaluation period.

**Criterion and Section Summary Rating** - Rate the faculty member on each applicable criterion in each section. Add the criterion rating numbers together and divide by the total number of criteria in each section to obtain the Section Summary Rating.

**Overall Evaluation Rating** - In the overall evaluation summary, provide a narrative statement that supports the overall evaluation rating for the faculty member for the period evaluated, as supported by the ratings for each Section and their respected % of effort assigned.

Transfer the corresponding Section Summary Rating into the Overall Evaluation Rating Calculator then multiply by the % of effort assigned to the Section to determine the Weighted Rating. Total the Weighted Rating for all sections to determine the Overall Evaluation Rating.

**Planning Form** - Utilize the Planning Form to set goals and objectives for each section for the next evaluation period.

**Performance Improvement Plan** – A Performance Improvement Plan is required for all faculty members with overall evaluation ratings of Needs Improvement or Unsatisfactory.

**Individual Rating** – The intent of this evaluation process is to rate the individual on his/her own performance based on objectives, goals, expectations and actual performance. It is not intended to be a ranking of one employee against another.

**Return pages 3 to 6, Planning Form and Performance Improvement Plan, if applicable, to human resources.**

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## Rating Categories and Definitions:

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**5 – Outstanding – Performance is consistently well above the expected levels of competence in all requirements for the review criterion.** Performs work above expected levels for the position and may make suggestions for work improvement. Employee anticipates and responds quickly to changing situations, continually expanding knowledge and skills to address new challenges. Employee requires essentially no supervision of duties appropriate for the position, regularly going beyond what is expected for the review criterion.

A rating of Outstanding for the overall evaluation is used if the employee consistently performs well above all requirements of the position.

**4 – Exceeds Expectations – Performance is occasionally above the expected levels of competence for the review criterion.** Expectations are met in all areas, and in some areas are exceeded, but not on a consistent basis.

A rating of Exceeds Expectations for the overall evaluation is used if the employee has met all requirements of the job and has exceeded some, but not all, requirements of the position.

**3 – Meets Expectations – Performance consistently meets the expected level of competence for the review criterion.** Work of a satisfactory nature is performed on a consistent basis with normal supervision, meeting all job expectations of the review criterion.

A rating of Meets Expectations for the overall evaluation is used if the employee has consistently met all requirements of the position.

**2 – Needs Improvement – Performance does not consistently meet all requirements of the review criterion.** Overall performance is less than satisfactory for the review criterion. Where performance in some areas is satisfactory, improvement is needed in others.

A rating of Needs Improvement for the overall evaluation is used if the employee has met some requirements but there are areas where he/she needs improvement to meet requirements of the position, or where performance fluctuates between satisfactory and unsatisfactory. An overall rating of Needs Improvement requires that a Performance Improvement Plan be established for the employee with a follow-up performance evaluation required 90 days from the date of the Needs Improvement performance rating.

**1 – Unsatisfactory – Performance is consistently poor or inadequate in meeting most or all requirements of the review criterion.** Requires frequent, close supervision and/or the redoing of work. Few or no goals and objectives are met. Signifies need for immediate improvement.

A rating of Unsatisfactory for the overall evaluation indicates that the employee's performance does not meet the minimum requirements of the position. Overall performance must improve in order to retain the employee in his/her present position. A Performance Improvement Plan is required to be established for the employee with a follow-up performance evaluation required 90 days from the date of the Unsatisfactory performance rating. Human Resources must be consulted regarding the employee's future status with the institution.

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**A. Teaching and Direct Instructional Activities:** \_\_\_\_\_% of effort assigned for applicable criterion covered by the section. Note that the total % of effort for all sections combined should equal 100%.

This performance section covers activities that include interaction with students related to instruction, preparing for instruction and evaluation of student performance. Consider the quality, quantity and effectiveness of these activities.

**Criteria for Evaluation and Comments**

**Criterion Rating**  
(Circle Rating)

	N/A	1	2	3	4	5
<p><b>1. Preparation of Course Materials</b> – Selects and secures appropriate texts, instructional aids, materials and supplies required for course presentation. Develops teaching plans and organizes class time in such a way that all required course materials are ready and available for course presentation and that course can be accomplished in the allotted time</p> <p><b>Comments:</b></p>						
<p><b>2. Course Presentation</b> – Provides individual and group instruction appropriate to the needs of the student(s) and the requirements of the activities being performed. Is present during class time. Assures clear understanding of materials presented. Utilizes and demonstrates required equipment, tools and other instructional aids. Provides sufficient resources for student(s) to perform assignments. Displays mastery of discipline.</p> <p><b>Comments:</b></p>						
<p><b>3. Student Performance Evaluation</b> – Encourages student participation, learning and individual initiative. Provides constructive feedback on tests and assignments. Provides fair and timely grading of student course work.</p> <p><b>Comments:</b></p>						
<p><b>Section A Summary Rating</b> - Add the criterion rating numbers together and divide by the total number of applicable criteria in each section. Show Section Summary Rating in box at right (round to 2 decimal places).</p>						
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**B. Service to Students, Department, Division or College:** \_\_\_\_\_% of effort assigned for applicable criterion covered by the section. Note that the total % of effort for all sections combined should equal 100%.

This performance section covers the faculty member’s responsibilities to the Institution. Consider the quality, quantity and effectiveness of these activities.

**Criteria for Evaluation and Comments**

**Criterion Rating**

	N/A	1	2	3	4	5	
<p>1. <b>Institutional Service</b> – Maintains office hours as required. Submits reports and performs required record-keeping functions in a timely and dependable manner. Attends divisional/departmental meetings. Accepts divisional service assignments and committee work (may include serving as committee chair.) Participates in recruiting activities. May serve as departmental chair. May contribute in other ways that add value to the department.</p> <p><b>Comments:</b></p>							
<p>2. <b>Community Service</b> – Professionally represents the institution in college-related outreach activities. May serve on advisory boards/committees. May apply academic expertise in the local, state or national community.</p> <p><b>Comments:</b></p>							
<p>3. <b>Student Services</b> – May sponsor student activities or groups. Participates in workshops/seminars for students or faculty. May serve on the faculty senate. Assists students with advising and counseling activities related to academic, career and job placement areas.</p> <p><b>Comments:</b></p>							
<p><b>Section B Summary Rating</b> - Add the criterion rating numbers together and divide by the total number of applicable criteria in each section. Show Section Summary Rating in box at right (round to 2 decimal places).</p>							.

**Section C. Research and Professional Development Activities:** \_\_\_\_\_% of effort assigned for applicable criterion covered by the section. Note that the total % of effort for all sections combined should equal 100%.

This performance section includes the faculty member's responsibilities to the teaching and research fields as well as to the discipline. Professional development activities are those that enable faculty members to enhance individual teaching and research knowledge and/or capabilities and thus improve significantly the institution's capabilities. Consider the quality, quantity and effectiveness of service in these activities.

**Criteria for Evaluation and Comments**

**Criterion Rating**

	N/A	1	2	3	4	5
<p>1. <b>Developing/Maintaining Professional Relationships</b> – Attends conferences, seminars, and workshops. Participates in professional organizations. May give professional presentations. Develops/maintains professional/collegial relationships. Communicates on professional matters (with media, government agencies, professional bodies, the system). Receives external recognition for professional achievement. <b>Comments:</b></p>	N/A	1	2	3	4	5
<p>2. <b>Continuing Education</b> – Pursues/acquires advanced degrees, certification, etc. Maintains continuing education associated with licensing and/or regulatory requirements. <b>Comments:</b></p>	N/A	1	2	3	4	5
<p>3. <b>Publishing/Writing Activities</b> – May publish/review professional books/articles. May write/review grant proposals. <b>Comments:</b></p>	N/A	1	2	3	4	5
<p>4. <b>Research Activities</b> – Assures quality in grant proposals. Performs and oversees research that positively reflects on the institution. Participates in research review activities. <b>Comments:</b></p>	N/A	1	2	3	4	5
<p><b>Section C Summary Rating</b> - Add the criterion rating numbers together and divide by the total number of applicable criteria in each section. Show Section Summary Rating in box at right (round to 2 decimal places).</p>						.

**OVERALL EVALUATION SUMMARY NARRATIVE:**

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**OVERALL EVALUATION RATING CALCULATOR:** Transfer the corresponding Section Summary Rating into the Overall Evaluation Rating Calculator then multiply by the % of effort assigned to the Section to determine the Weighted Rating. Total the Weighted Rating for all sections to determine the Overall Evaluation Rating.

Section	%Effort Assigned to Section		Section Summary Rating		Weighted Rating
A		X		=	
B		X		=	
C		X		=	
<b>Overall Evaluation Rating</b>	<b>100%</b>				

**Overall Rating Scale = Overall Rating Category**  
 4.50 – 5.00 Outstanding  
 3.50 – 4.49 Exceeds Expectations  
 2.50 – 3.49 Meets Expectations  
 1.50 – 2.49 Needs Improvement \*  
 1.00 – 1.49 Unsatisfactory \*

\*Requires Performance Improvement Plan

**FACULTY MEMBER COMMENTS (add separate sheet if necessary):**

THIS APPRAISAL HAS BEEN DISCUSSED BY THE UNDERSIGNED

\_\_\_\_\_  
 Department Chairperson, Dean, Director (Sign & Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Faculty Member\* (Sign & Print)

\_\_\_\_\_  
 Date

\*This signature does not indicate agreement or disagreement but simply that the evaluation has been discussed.

Name _____	Rank _____	Period Covered from _____ to _____
Department _____	Full Time _____	Part Time _____ (% FTE)
Reason for Rating <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	Hire Date _____	Yrs at College _____

**PLANNING FORM** for use with Faculty Evaluation (page 1 of 2)

**Instructions:**

*The purpose of this part of the form is to describe the activities that the faculty member intends to pursue during the coming year. It is recommended that the description be specific so that at the end of the year there will be as little ambiguity as possible in judging whether each goal was achieved. It is recognized that some plans will be changed during the year and that not all goals will be achieved for a variety of reasons.*

*Part A of this form is to be used in planning the teaching and advisement responsibilities which are part of a faculty member's total workload for each semester.*

<p><b>Semester/Quarter</b> _____</p> <p><b>A. TEACHING:</b> ___% effort assigned                  _____ Credit hours _____ Contact hours  <b>Total number of credit/contact units assigned to this portion of Faculty Member's workload.</b></p>	<p><b>Semester/Quarter</b> _____</p> <p><b>A. TEACHING:</b> ___% effort assigned                  _____ Credit hours _____ Contact hours  <b>Total number of credit/contact units assigned to this portion of Faculty Member's workload.</b></p>
<p><b>Semester/Quarter</b> _____</p> <p><b>B. TEACHING:</b> ___% effort assigned                  _____ Credit hours _____ Contact hours  <b>Total number of credit/contact units assigned to this portion of Faculty Member's workload.</b></p>	<p><b>Semester/Quarter</b> _____</p> <p><b>A. TEACHING:</b> ___% effort assigned                  _____ Credit hours _____ Contact hours  <b>Total number of credit/contact units assigned to this portion of Faculty Member's workload.</b></p>

**A. TEACHING** (regularly scheduled courses)  
**Semester/Quarter** \_\_\_\_\_

**A. TEACHING** (regularly scheduled courses)  
**Semester/Quarter** \_\_\_\_\_

Course Number	Course Type	# of Sections	Course Credit Hours	Contact Hours	Credit/Contact Units	Course Number	Course Type	# of Sections	Course Credit Hours	Contact Hours	Credit/Contact Units

**A. TEACHING** (regularly scheduled courses)  
**Semester/Quarter** \_\_\_\_\_

**A. TEACHING** (regularly scheduled courses)  
**Semester/Quarter** \_\_\_\_\_

Course Number	Course Type	# of Sections	Course Credit Hours	Contact Hours	Credit/Contact Units	Course Number	Course Type	# of Sections	Course Credit Hours	Contact Hours	Credit/Contact Units

**SCHEDULED SUPERVISION/ADVISING:**

**SCHEDULED SUPERVISION/ADVISING:**

Number of Students \_\_\_\_\_/\_\_\_\_\_  
 Credit/Contact Hours \_\_\_\_\_/\_\_\_\_\_

Number of Students \_\_\_\_\_/\_\_\_\_\_  
 Credit/Contact Hours \_\_\_\_\_/\_\_\_\_\_

**THE NUMBER OF CREDIT/CONTACT HOURS FOR ALL TERMS COMBINED CONSTITUTES: (check one)**

- / / A full-time non-adjusted workload for each semester.
- / / An adjusted teaching workload balanced by service to student, department, division or college plus research and professional development activities assigned. (Chancellor approval needed)
- / / An overload for the semester/quarter at no extra compensation.
- / / An overload for the semester/quarter that requires extra compensation (Chancellor approval needed)

**PLANNING FORM** for use with Faculty Evaluation (**page 2 of 2**)

**Service to Student, Department, Division or College:** Briefly describe ongoing and/or planned projects and activities

Semester/Quarter _____ %effort assigned _____	Semester/Quarter _____ % effort assigned _____
Semester/Quarter _____ % effort assigned _____	Semester/Quarter _____ % effort assigned _____

**Research and Professional Development Activities:** Briefly describe ongoing and/or planned projects and activities.

Semester/Quarter _____ %effort assigned _____	Semester/Quarter _____ % effort assigned _____
Semester/Quarter _____ % effort assigned _____	Semester/Quarter _____ % effort assigned _____

Faculty Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Member's Name (Print) \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Chancellor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (required for adjusted teaching workload balance and/or overload which requires extra compensation)



## PERFORMANCE IMPROVEMENT PLAN

*(Required for Overall Evaluation Ratings of Needs Improvement and Unsatisfactory 90 days following receipt of either overall rating.)*

**Employee: (Print)** \_\_\_\_\_ **Position/Rank** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Title:** \_\_\_\_\_

***This following Performance Improvement Plan has been established for this employee due to receipt of an overall performance evaluation rating of***

***/ / Needs Improvement for the period covered from*** \_\_\_\_\_ ***to*** \_\_\_\_\_

***/ / Unsatisfactory for the period covered from*** \_\_\_\_\_ ***to*** \_\_\_\_\_

Identify the area(s) where performance improvement is needed. For each area identified establish goals and objectives that are required to be met. Be sure to assign a beginning date for each planned activity, a deadline for expected outcome completion date and a review date for area for performance improvement.

<b>Area for Performance Improvement:</b>
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Planned activity and expected outcome:

Begin Date: \_\_\_\_\_ Outcome Completion Date: \_\_\_\_\_ Review Date \_\_\_\_\_

<b>Status of Planned Activity and Expected Outcome at Review Date:</b>
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*Use as many pages as necessary for the Performance Improvement Plan.  
Indicate # of pages utilized \_\_\_\_\_.*

The undersigned understand that it is necessary at this time to focus on the indicated area(s) for performance improvement. It is noted that disciplinary action(s) may be taken at any point if performance does not indicate significant improvement.

Evaluator Signature	Begin Date	Employee Signature	Print Name	Review Date
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_____ Evaluator Signature	_____ Review Date	_____ Employee Signature	_____ Print Name	_____ Review Date
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