

Name <input style="width: 90%;" type="text"/>	Position <input style="width: 90%;" type="text"/>
Evaluation Period: <input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> Annual 20__ -20__	

INSTRUCTIONS

Rating: Below are “**Essential Functions**” and “**Additional Responsibilities**”(if applicable) from the job description. Rate the faculty member by placing the letter rating in the box that best indicates where the employee stands in relation to the accountability. Every factor must be either rated or marked “NA/NO” (Not Applicable/Not Observed). Indicate the overall rating at the end of the job areas.

Remarks: Use the “Remarks” space after each job area to explain in more detail or to give examples of that area. All except level M require comments. (O, E, N, U)

Annual Objectives: Rated by supervisor and based on agreed upon evaluative criteria by supervisor and instructor. (Annual Objectives are those activities that go beyond normal expectations of the positions, such as developing new courses, revising programs/courses, extensive professional development, community involvement, etc.)

Student Evaluations Summary: Enter the class and date that student evaluations were performed. Full-time faculty will select, with supervisor approval, the semester and 2 classes to be evaluated.

Recommended Professional Improvement Activities: A rating is only required if a N or U is given to any “Essential Functions” or “Additional Responsibilities” in the previous evaluation period.

Overall Rating: This is the summary rating based upon the overall performance of the instructor.

Supervisor’s Summary: The summary supports the overall performance of the instructor. The evaluation of each instructor will be reviewed by the vice-president for Academic Affairs prior to the annual evaluation conference.

Ratings and Meanings:

O	Performance consistently exceeds job requirements. Demonstrates unusually high level of performance relative to all assignments and objectives. Distinguished performance overall.
E	Performance meets and often exceeds job requirements. Demonstrates successful performance on all major assignments and objectives and consistently exceeds position requirements in some areas.
M	Performance consistently meets job requirements. Demonstrates successful performance on all or most major assignments and objectives.
N	Performance is inconsistent; meets some job requirements but not consistently. Overall performance is below the acceptable level and must improve to meet minimum position requirements.
U	Performance is consistently below job requirements. Fails to meet position requirements in most areas. Corrective action plan and performance improvements are mandatory.
NA/NO	This accountability is not applicable or has not been observed by the reviewer.

Additional Responsibilities	Remarks	Rating
<p>Additional responsibilities will vary for each person or department. They may be certain yearly certifications required, etc. This section may also be blank in some cases.</p>		
Overall		

Comment [wcc2]: Additional Responsibilities will vary with different departments. There may be certain yearly certifications required, etc.

ANNUAL OBJECTIVES	Remarks	Rating
<p>Annual Objectives must be set up and agreed on in the prior year to evaluation. These objectives may change from year to year.</p>		
Overall		

Comment [wcc3]: Annual Objectives must be set up and agreed on in the year prior to evaluation. This objectives may change from year to year.

STUDENT EVALUATIONS SUMMARY

Class/Date Performed _____ / _____ / _____

Supervisor comments:

_____ **RECOMMENDED PROFESSIONAL IMPROVEMENT ACTIVITIES**

Attend XYZ Conference to

Wayne Community College
FACULTY PERFORMANCE APPRAISAL

Name

Position

Evaluation Period: 3 month 6 month 9 month Annual 20__-20__

_____ **OVERALL RATING**

SUPERVISOR'S SUMMARY

Supervisor's Signature _____ **Date** _____

- I agree with this evaluation
- I do not agree with this evaluation. I understand that I may submit a letter expressing my differing opinion and that I may request a conference at the next level of supervision.

Employee's Signature _____ **Date** _____

Employee Name: _____ Year: _____

Wayne Community College Staff Performance Appraisal (Section II)

Ratings and Meanings:

O	Performance consistently exceeds job requirements. Demonstrates unusually high level of performance relative to all assignments and objectives. Distinguished performance overall.
E	Performance meets and often exceeds job requirements. Demonstrates successful performance on all major assignments and objectives and consistently exceeds position requirements in some areas.
M	Performance consistently meets job requirements. Demonstrates successful performance on all or most major assignments and objectives.
N	Performance is inconsistent. Meets some job requirements but not consistently. Overall performance is below the acceptable level and must improve to meet minimum position requirements.
U	Performance is consistently below job requirements. Fails to meet position requirements in most areas. Corrective action plan and performance improvements are mandatory.
NA / NO	This accountability is not applicable or has not been observed by the reviewer.

I. PRIMARY JOB TASKS		COMMENTS	RATING
A			
B			
C			
D			
E			
II. ANNUAL OBJECTIVES		COMMENTS	RATING
A			
B			
C			
D			
E			

Employee Name: _____ Year: _____

Wayne Community College Staff Performance Appraisal (Section III)

Assessment of Observed Behavior

This section provides opportunities to evaluate the degree to which an employee exhibited certain skills and abilities during performance of the job (how the job was accomplished). It is not required to rate skills that are not required by the position.

- O** Performance consistently exceeds job requirements.
- E** Performance meets and often exceeds job requirements.
- M** Performance consistently meets job requirements.
- N** Performance is inconsistent; some requirements are met but not consistently.
- U** Performance is consistently below job requirements.

Complete this section for all employees.

_____	Problem Solving and Decision Making	_____	Interpersonal Skills / Team Work
_____	Initiative	_____	Creativity and Innovation
_____	Personal Productivity	_____	Flexibility
_____	Communication Skills	_____	Personal and Career Development

Overall Rating: _____

Supervisor's Summary:

(brief comments on employee's strengths and limitations; recommendations for improvement)

Supervisor's Signature _____ Date _____

_____ I agree with this evaluation.
_____ I do not agree with this evaluation. I understand that I may submit a letter expressing my differing opinion and that I may request a conference at the next level of supervision

Employee's Signature _____ Date _____