



Annual and Biennial Review

Faculty Information

Name: _____

College: _____

Department/School/Program: _____

Current Rank:

☐ Lecturer

☐ Assistant Professor

☐ Senior Lecturer

☐ Associate Professor

☐ Instructor

☐ Full Professor

Indicate if

☐ tenured

☐ tenure-track

☐ contract-renewable

Date of Last Annual or Biennial Review: _____

Date of last promotion: _____

Review Period: _____ to _____
 (year) (year)

Instructions and Example

Evaluation Scale (Round to the nearest 10th)

Evaluation Level	Score	
V.	4.6-5.0	Excellent
IV.	3.6-4.5	Exceeds Expectations
III.	2.6-3.5	Meets Expectations
II.	1.6-2.5	Needs Improvement
I.	1.0-1.5	Unsatisfactory

Evaluation Instructions

Step 1: Indicate workload distribution for instruction, professional activity and service.

Step 2: Based on percent of workload, indicate a single score for instruction, a single score for professional activity, and a single score for service.

Step 3: Calculate the Overall Evaluation: The average, weighted in accordance with workload, of evaluation levels in all applicable performance areas.

For example, a faculty with a workload of 0.6 instruction, 0.2 professional activity, and 0.2 service, who received a score of 4 for instruction, 3 for professional activity and a score of 1 for service would have an overall score of 3.2 $(0.6 \times 4) + (0.2 \times 3) + (0.2 \times 1) = 3.2$ which falls in the range of III Meets Expectations.

Step 4: Based on chart above, indicate evaluation level (I, II, III, IV, V)

	Example		Service		Overall Evaluation
	Instruction	Professional Activity	Chair Responsibilities	Non-Chair Responsibilities	
Workload Distribution %	0.6	0.2		0.2	
Score	4.0	3.0		1.0	
Weighted Score	2.4	0.6		0.2	3.2
Evaluation Level (I, II, III, IV, V)					III

Please consult BPM: 2-3-801(4) http://www.unco.edu/trustees/policy_manual.pdf and University Regs: 3-3-801(2) http://www.unco.edu/trustees/University_Regulations.pdf

Part I: Evaluation by Faculty

If evaluating a Chair/Program Coordinator, evaluate both Chair and Non-Chair service:

	Instruction	Professional Activity	Service		Overall Evaluation
			Chair Responsibilities	Non-Chair Responsibilities	
Workload Distribution %					
Score					
Weighted Score					
Evaluation Level (I, II, III, IV, V)					

Attach a memo explaining the reasons, in terms of the approved program area criteria as well as progress toward tenure and/or promotion if applicable, for the scores.

Signature (on behalf of the faculty): _____ Date: _____

Evaluatee notified of decision by:

Email (Date): _____ Campus Mail (Date): _____

(If evaluatee is Chair, Director, or Program Coordinator, after completing Part I, send form and materials to Dean.)

Part II: Evaluation by Chair, Director, or Program Coordinator

	Instruction	Professional Activity	Service	Overall Evaluation
Workload Distribution %				
Score				
Weighted Score				
Evaluation Level (I, II, III, IV, V)				

Attach a memo explaining the reasons, in terms of the approved program area criteria as well as progress toward tenure and/or promotion if applicable, for the scores.

Signature: _____ Date: _____

Evaluatee and faculty notified of decision by:

Email (Date): _____ Campus Mail (Date): _____

Part III: Reconciled Scores When Substantive Disagreement in Final Overall Evaluation.

(Reconciled in accordance to Department/School/Program Policy)

	Instruction	Professional Activity	Service	Overall Evaluation
Workload Distribution %				
Score				
Weighted Score				
Evaluation Level (I, II, III, IV, V)				

Faculty Evaluation Committee Signature: _____ Date: _____

Director/Chair/Coordinator Signature: _____ Date: _____

Part IV: Dean Review

Signature: _____

Date: _____

Part V: Dean Evaluation of Chair

	Instruction		Service		
	Instruction	Professional Activity	Chair Responsibilities	Non-Chair Responsibilities	Overall Evaluation
Workload Distribution %					
Score					
Weighted Score					
Evaluation Level (I, II, III, IV, V)					

Signature: _____

Date: _____

Part VI: Dean Evaluation for Appeal

	Instruction		Service		
	Instruction	Professional Activity	Chair Responsibilities	Non-Chair Responsibilities	Overall Evaluation
Workload Distribution %					
Score					
Weighted Score					
Evaluation Level (I, II, III, IV, V)					

Attach a memo explaining the reasons, in terms of the approved program area criteria, for the scores.

Signature: _____

Date: _____

Part VII: CAO Review for Appeal.

	Instruction		Service		
	Instruction	Professional Activity	Chair Responsibilities	Non-Chair Responsibilities	Overall Evaluation
Workload Distribution %					
Score					
Weighted Score					
Evaluation Level (I, II, III, IV, V)					

Attach a memo explaining the reasons, in terms of the approved program area criteria, for the scores.

Signature: _____

Date: _____