

**SOUTHEASTERN OKLAHOMA STATE UNIVERSITY  
FACULTY DEVELOPMENT AND EVALUATION SUMMARY**

Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

Rank \_\_\_\_\_ Tenure \_\_\_\_\_ Date of Appointment \_\_\_\_\_ Evaluation Period \_\_\_\_\_

Last Promotion Date \_\_\_\_\_ Yrs. of Service at SOSU through Current Year \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_

Highest Degree Held \_\_\_\_\_ Yrs. of College Experience Prior to SOSU \_\_\_\_\_ Other Relevant Experience \_\_\_\_\_

\* Unique responsibilities other than teaching:

***PERFORMANCE EVALUATION***

<b>Category</b>	<b>Critical</b>	<b>Needs Improvement</b>	<b>Proficient</b>	<b>Commendable</b>	<b>Outstanding</b>
1. Effective Classroom Teaching					
Comments:					
2. Scholarship					
Comments:					
3. Service to Institution, Profession and Public					
Comments:					
4. Performance of Non-Teaching/ Administrative Duties/Assignments					
Comments:					
Overall Performance (See Back)					

\*Only activities which result in reduced teaching load qualify for "unique responsibilities" and Category 4.

Faculty Member's Name: \_\_\_\_\_

\_\_\_\_\_  
Justification for overall evaluation if other than proficient:

\_\_\_\_\_  
Specific areas needing attention:

\_\_\_\_\_  
Plans for improvement:

\_\_\_\_\_  
This evaluation was discussed by:

\_\_\_\_\_ and \_\_\_\_\_ on \_\_\_\_\_  
Department Chair's Signature Faculty Member's Signature Date

\_\_\_\_\_  
Faculty Member's comments:

\_\_\_\_\_  
VPAA's comments (the VPAA only will be required to review and comment when the faculty member and department chair do not concur with either the ratings for each category or with the comments provided):

\_\_\_\_\_  
VPAA Signature

\_\_\_\_\_  
Date