(1502-2020) COHS Chair/Director Evaluation of Faculty

**NOTE: You will be signed out of Faculty180 after 60 minutes of inactivity for security reasons. Please save your work accordingly.**It is recommended to prepare your evaluation narratives in a [Word document version of the form](https://www.boisestate.edu/academics-deptchairs/faculty180/faculty-resources/annual-evaluation-forms/) before entering it into this evaluation form. If you will be away from your desk for an extended time, place a character/number in any/all required fields and save your work so as not to lose it. **New as of CY 2020**: Past calendar year's semester workloads and current spring workload is now entered in the new **Workload** section under "Activities". Only the past CY workload will appear in the annual activity report.

**ALSO NOTE:** Do not hit the 'Evaluate' button while you have an evaluation form opened, even if it's minimized. This will reload the form, and you will lose any unsaved progress.

**Instructions**  
Department chairs/supervisors, use this evaluation form to complete the following for your faculty:

* Confirm FTE and approve past CY workload figures
* Merit assessments & ratings
* Planned fall workload

AEvaluation Period

|  |  |
| --- | --- |
| **Past Calendar Year\*** |  |

BFaculty FTE

Please confirm faculty member's FTE for the past calendar year.

|  |  |
| --- | --- |
| **Faculty FTE (past calendar year)\*** |  |

CPast Calendar Year's Workload Confirmation

In the field below, check the box to confirm that the past calendar year's workload percentages in the \*Workload\* section of the faculty member's account are reviewed, accurate and approved. The workload records for the previous CY (and preliminary for current Spring term) can be found in that section.

|  |  |
| --- | --- |
| **Supervisor Past Calendar Year Workload Approved?\*** | Pending  Yes |

DChair/Director Evaluation of Faculty (past calendar year)

|  |  |
| --- | --- |
| **Teaching Narrative\*** | 11pt    11 WORDS |
| **Scholarship Narrative\*** | 11pt    11 WORDS |
| **Service Narrative\*** | 11pt    11 WORDS |
| **Administrative Service Narrative** | 11pt    0 WORDS |

EFaculty Overall Numeric Rating

Numeric rating for overall performance to be completed below corresponding to the following values: 1=Does not meet expectations 2=Meets expectations 3=Exceeds expectations

|  |  |
| --- | --- |
| **Overall Numerical Rating\*** |  |
| **Overall Comments** | 11pt    0 WORDS |

FPlanned Fall Workload Distribution (current calendar year)

Workload distribution should total 50%. The percentages entered here should reflect the planned distribution of work for the upcoming fall as best as you know them as of the date you complete this form.

|  |  |
| --- | --- |
| **Current Fall Calendar Year\*** |  |
| **Teaching % (next Fall)\*** |  |
| **Scholarship % (next Fall)\*** |  |
| **Service % (next Fall)\*** |  |
| **Administrative service % (next Fall)\*** |  |
| **Leave/Offset % (next Fall)\*** |  |

GFaculty - Chair Performance Evaluation Meeting

|  |  |
| --- | --- |
| **Has chair met with faculty member to discuss this Performance Evaluation?\*** | Yes, we met  No, faculty declined a meeting  No, faculty requested meeting not yet held  No, both Chair and faculty agreed a face-to-face meeting was not necessary |
| **If meeting occurred, please enter date of meeting** |  |

HChair/Supervisor E-signature

Press SAVE before exiting this form. You may make further changes until you SUBMIT this from the Evaluation Menu. Please make sure to review this with the faculty, then add your full name and the current date before you SUBMIT.

|  |  |
| --- | --- |
| **Full Name\*** |  |
| **Date Completed\*** |  |