(1502-2020) NURS Supervisor Assessment 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.

Department chairs/supervisors, use this evaluation form to complete the following:

1. Confirm past CY FTE and approve past CY workload figures
2. Merit evaluation
3. Planned workload for coming summer and fall semesters

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 |

EOverall Rating

Numerical rating to be completed below correspond to the following values: 1 = Does not meet expectations 2=Meets expectations 3=Exceeds expectations. Please see Academic Faculty Annual Evaluation Addendum for COHS with specifics regarding the rating scale.

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

FPlanned Summer Workload Distribution (current calendar year)

Workload distribution for the upcoming Summer term should total 100%. The percentages entered here should reflect the distribution of work for this coming Summer.

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

GPlanned Fall Workload Distribution (current calendar year)

Workload distribution for the upcoming Fall term should total 100%. The percentages entered here should reflect the distribution of work for the upcoming Fall.

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

HFaculty - 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** |  |

IChair/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 the SUBMIT.

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