

MESA STATE COLLEGE
Performance Evaluation for Faculty

Faculty Member's Name: _____ **SSN:** _____

Academic Department: _____ **Faculty Rank:** _____

Evaluation Period: _____ **Year of Development Plan Cycle (circle one):** 1 2 3 4 5

Quantification Section: (For ease in performing computations, multiply the weight by the rating scale to determine the score for each factor. Total all scores to determine the overall score.)

Factor	Weight In Percentage **	Below Standard 1	Proficient 2	Highly Proficient 3	Excellent 4	Score ***
A. Teaching Effectiveness Comments:						
B. Advising Comments:						
C. Scholarly Activity Comments:						
D. Service Comments:						
TOTAL						

**Weight must total 100.

***Multiply the weight by the numeric equivalent of the rating.

CONVERSION OF TOTAL NUMERIC SCORE TO DESCRIPTIVE RATING

Below Standard	100-150
Proficient	151-250
Highly Proficient	251-350
Excellent	351-400

Key to rating levels:

Below Standard: Evidence demonstrates that the faculty member's contributions are below accepted standards in the area under consideration. A need for improvement is clearly indicated. The level of contribution does not justify any salary increase and may jeopardize continued appointment within the College.

Proficient: Evidence demonstrates that the faculty member meets minimum expectations and has made modest contributions in the area under consideration.

Highly Proficient: Evidence clearly demonstrates that the faculty member has made significant contributions in the area under consideration and is considered highly skilled in that area.

Excellent: Evidence convincingly demonstrates that the faculty member has made exceptional contributions in the area under consideration; contributions that clearly would be recognized as outstanding by professional colleagues at comparable institutions.

FINAL OVERALL RATING: (Check One)

Below Standard

Proficient

Highly Proficient

Excellent

Employee Comments:

I, _____, Agree Disagree with my Performance Evaluation.
(Employee's Signature)

Date: _____

Department Head's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____

Reviewed by Director of Human Resources

HR Director's Signature: _____

Date: _____