

University of Belize (UB)

FACULTY PERFORMANCE EVALUATION: ANNUAL REVIEW

The University of Belize (UB) requires a periodic written performance evaluation of each member of the faculty. The Faculty Performance Evaluation consists of the following components:

STEP ONE: ANNUAL PERFORMANCE OBJECTIVES

Used for defining individual goals and objectives for the Academic Year (August 1 – July, 31).

Due by August 15. All full-time faculty members must complete the Annual Performance Objectives.

STEP TWO: STUDENT EVALUATION OF TEACHING

Conducted on a semester basis for all courses, all sections

For new faculty members, faculty members addressing objectives to improve teaching and learning, interim focus group evaluation may be conducted.

STEP THREE: CLASSROOM EVALUATION

Observation by Dean, Chair, peers, and other academic members

STEP FOUR: ANNUAL REVIEW

This is the combination of the three preceding steps. This form describes the accomplishments and areas for improvement for the Academic Year (August 1– July 31).

Due by MAY 1. All full-time faculty members are evaluated by the Dean with the assistance of the Chair (where applicable). All must complete the Annual Review process to receive increment.

This satisfies the University of Belize Faculty Handbook requirement that each member of the university faculty have a written annual performance review.

INSTRUCTIONS: ANNUAL REVIEW

STEP 1: FACULTY MEMBER COMPLETES FORM

The faculty member should summarize his/her accomplishments for the current year on this form and submit the form to the Dean's Office. The listed categories should serve as a guide for documenting accomplishments.

STEP 2: EVALUATOR PROVIDES RATINGS AND COMMENTS

The Department Chair and Dean should review the form and circle the appropriate rating for each major category. Written comments are **required** with category ratings of M (Marginal) and U (Unsatisfactory). The department Chair and Dean should rate the faculty member based on his/her knowledge of the faculty member's performance, using the information on this form as an aid to judgment. The form must be signed by the evaluators. If the evaluator is not the Dean, the form must be co-signed by the evaluator and the Dean. The form should be reviewed with the faculty member.

STEP 3: FACULTY MEMBER REVIEWS RATINGS AND COMMENTS

The faculty member should review the evaluation and indicate on the form whether he/she agrees or disagrees with the assessment. The completed form should be signed by all parties.

Please note: The ANNUAL REVIEW must be completed by MAY 1ST.

Description of the rating system for the major categories in this evaluation:

O	Outstanding	Outstanding, consistently exceeds expectations.
C	Commendable	Exceeds position expectations.
S	Satisfactory	Meets position expectations.
M	Marginal	Meets some but not all position expectations.
U	Unsatisfactory	Fails to meet minimum position expectations.
N/A	Not applicable	

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Faculty Performance Evaluation: ANNUAL END OF YEAR

Annual Review for the period August 1 – July 31 Year _____

Name/Degree: _____

Academic Rank/Department: _____

Record approximate percent time devoted primarily to:

Teaching/Learning activities	_____ %
Service activities	_____ %
Research activities	_____ %
 Total	 100 %

I. TEACHING/LEARNING AND RELATED ACTIVITIES

For each applicable category describe both quantity and quality of teaching for the period August 1 to July 31. Estimated contact hours can include formal lectures, lab or internship supervision and may be explained under "Supporting descriptive information." Use additional sheets of paper as needed.

- A. Did you accomplish the teaching and learning goals you established in your Objectives? ___Yes ___No ___Some
- B. Where no, indicate below the objectives you failed to achieve, why and your plan to re-approach this objective.

#	Objective	Why it was not achieved	Lessons learned. What you plan to do differently to be successful?

- C. Where yes, indicate what you achieved and how.

#	Objective	How it was achieved	Any revisions needed?/Lessons learned

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E. Other Teaching/Learning Activities (seminar paper supervision, independent study clinical supervision, for example)

<u>LEVEL OF STUDENT</u>	<u>NUMBER OF STUDENTS</u>	<u>ESTIMATED CONTACT HOURS/WEEK</u>	<u>ESTIMATED PREP. TIME HOURS/WEEK</u>	<u>STUDENT EVALUATION OF TEACHING AND COURSE</u> (include mean, range e.g. 3.7 on a 1 to 5 scale)	

Supporting descriptive information (if applicable)

F. Teaching awards and honors

<u>NAME OF AWARD</u>	<u>GRANTEE</u>	<u>DATE OF AWARD</u>	<u>REASON AWARD WAS GIVEN</u>

G. Teaching products (syllabus, computer-based application, innovative assessment method, etc.)

<u>TITLE OF PRODUCT</u>	<u>DESCRIBE USE</u>	<u>GIVE DESCRIPTION OF EXTERNAL EVALUATION OF PRODUCT—OUTCOME AND IMPACT</u>

H. Other teaching activities

<u>TITLE OF ACTIVITY</u>	<u>COMPLETE DESCRIPTION OF ACTIVITY</u>

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II. SERVICE AND RELATED ACTIVITIES

For each applicable category, describe accomplishments for the period Aug 1—July 31. Use additional sheets of paper as needed.

For committee service, indicate your role (member, vice chair, chair), participation in special projects, etc.

- A. Did you accomplish the service related objectives you established in your Objectives? ____ Yes ____ No ____ Some
- B. Where no, indicate below the objectives you failed to achieve, why and your plan to re-approach this objective.

#	Objective	Why it was not achieved	Lessons learned. What you plan to do differently to be successful?

- C. Where yes, indicate what you achieved and how.

#	Objective	How it was achieved	Any revisions needed?/Lessons learned

- D. UB committee service

#	Name of Committee/Service	Your Role	Time Frame/ Duration/ Amount of time you spent on this activity/month	Output—List your specific output and how your presence contributed to the work of the group

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E. Non-University of Belize committee service

#	Name of Committee/Service	Your Role	Time Frame/ Duration/ Amount of time you spent on this activity/month	Output

F. Membership in Professional Organizations

#	Name of Organization	Your Role	National or International?	Output—List your specific output. Did you attend the Annual Meeting?

G. Organization of Conference or Workshop

#	Name of Conference/Workshop	Your Role	Time Frame/ Duration/ Amount of time you spent on this activity/month	Output—List your specific output and how your presence contributed to this activity

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III. RESEARCH AND RELATED ACTIVITIES

For each applicable category, describe accomplishments for the period August 1 – July 31. Use additional sheets of paper as needed.

A. Publications

<u>TITLE OF PUBLICATION</u>	<u>COMPLETE CITATION</u>	<u>WERE YOU SENIOR AUTHOR?</u>

B. Research Activity

<u>RESEARCH TITLE</u>	<u>SOURCE OF FUNDING</u>	<u>ROLE IN PROJECT AND % EFFORT</u>	<u>LENGTH OF RESEARCH</u>	<u>DIRECT DOLLARS</u>	<u>INDIRECT DOLLARS</u>

C. Grant and Research Funding Sought (Proposal Activity)

<u>PROPOSAL TITLE</u>	<u>SOURCE OF FUNDING</u>	<u>ROLE IN PROPOSAL WRITING AND % EFFORT</u>	<u>FUNDED? YES OR NO</u>	<u>AMOUNT OF PROPOSAL</u>

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D. Presentations at national or international meetings

<u>TITLE OF PRESENTATION</u>	<u>NAME AND DATE OF MEETING</u>	<u>YOUR ROLE</u>

E. Research awards and honors

<u>NAME OF AWARD</u>	<u>GRANTEE</u>	<u>DATE OF AWARD</u>	<u>REASON AWARD WAS GIVEN</u>

F. Collaborative research activities

<u>TITLE OF RESEARCH</u>	<u>DESCRIBE COLLABORATION</u>	<u>GIVE DESCRIPTION OF —OUTCOME AND IMPACT, INCLUDE NAMES OF THOSE YOU COLLABORATED WITH</u>

G. Other research activities

<u>TITLE OF ACTIVITY</u>	<u>COMPLETE DESCRIPTION OF ACTIVITY</u>

H. Peer review activities

<u>JOURNAL TITLE</u>	<u>ROLE</u> (editor, editorial board member, etc.)	<u>INCLUSIVE DATES OF SERVICE</u>

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IV. PROFESSIONAL DEVELOPMENT OBJECTIVES

How well did you achieve your professional development objectives?

Teaching and Learning Objectives	Outcome—what new knowledge did you acquire and how have you applied it?
Advising/Mentoring Objectives	
Research Objectives	
Other Professional/Personal Development Objectives	

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IV. EVALUATOR'S SUMMARY AND COMMENTS (Department Chair and Dean)*

I	TEACHING AND RELATED ACTIVITIES	O	C	S	M	U	N/A
II	ADVISING AND STUDENT MENTORING	O	C	S	M	U	N/A
III	SERVICE AND RELATED ACTIVITIES	O	C	S	M	U	N/A
IV	RESEARCH AND RELATED ACTIVITIES	O	C	S	M	U	N/A
V	APPLICATION OF PROF. DEV. OBJECTIVES	O	C	S	M	U	N/A

A. Summary and comments

Comments are the result of a full review of objectives, student evaluations, classroom observations and any other information about performance. Written comments for all categories are encouraged. Written comments are **REQUIRED** for category ratings of M (Marginal) and U (Unsatisfactory).

Teaching and Learning Objectives	Summary and Comments of accomplishment of these objectives
Advising/Mentoring Objectives	Summary and Comments of accomplishment of these objectives
Research Objectives	Summary and Comments of accomplishment of these objectives

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Service Objectives	
Application of Professional/Personal Development Objectives	
Participation in University Sponsored Activities	

B. Please describe special exemplary contributions made by this faculty member that are not represented adequately elsewhere on this form.

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C. Please describe the plan to address areas for improvement.

Improvement needed	Identified remedies	Time frame	Method of Evaluation

 Department Chair

 Date

 Dean

 Date

FACULTY ACKNOWLEDGEMENT – Please initial applicable option:

_____ I agree with this evaluation.

_____ I disagree with this evaluation.

 Faculty Signature

 Date

Comments: