**FPCD/AD-1 – Administrator’s Evaluation of Director/Associate Director**

(Revised October, 2014)

|  |  |
| --- | --- |
| **Name of Faculty Member: :** |  |
| **Present Rank: :**  |  | **Step:** |  |
| **Department:** |  |
| **Administrator Leader:** |  |

1. **Professional and Advising Effectiveness**

4 = Exemplary 3 = Expected 2 = Improvement Plan Needed 1 = Unacceptable NA = unable to observe

|  |  |
| --- | --- |
| **Administrator’s Evaluation of Director/ Associate Director** | **Observable Indicator** |
| 4 3 2 1 NA | Support of the curricular and scholarly activities of faculty and students |
| 4 3 2 1 NA | Competence and efficiency in assigned area |
| 4 3 2 1 NA | Identification of projects to support the curricular and scholarly activities of faculty and students |
| 4 3 2 1 NA | Follow-through on implementation and completion of projects  |
| 4 3 2 1 NA | Demonstrates the integration of professional responsibilities with the mission of the CTE/BFFL and the university |

 **Comments:**

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**B. Professional Effectiveness – Biblical Foundations of Integrating Faith & Learning**

 **(Integration of Faith and Learning)**

4 = Exemplary 3 = Expected 2 = Improvement Plan Needed 1 = Unacceptable NA = unable to observe

|  |  |
| --- | --- |
| **Administrator’s Evaluation of Director/** **Associate Director** | **Observable Indicator** |
| 4 3 2 1 NA | Provides an atmosphere of Christian nurture inside and outside the office |
| 4 3 2 1 NA | Appropriately presents faculty development seminars/workshops from a Christian viewpoint  |
| 4 3 2 1 NA | Demonstrates appropriate Christian nurture when working with faculty and students  |

**Comments:**

**C. Research, Scholarly, or Creative Works & Professional Development**

4 = Exemplary 3 = Expected 2 = Improvement Plan Needed 1 = Unacceptable NA = unable to observe

|  |  |
| --- | --- |
| **Administrator’s Evaluation of Director/** **Associate Director** | **Observable Indicator** |
| 4 3 2 1 ND | Participates in investigative studies or creative works |
| 4 3 2 1 NA | Prepares and gives professional presentations (listed in the achieve database) |
| 4 3 2 1 NA | Contributes to publications (listed in the achieve database) |
| 4 3 2 1 NA | Annual attendance at professional meetings |
| 4 3 2 1 NA | Journal/research reading other than preparation for presentations |

**Comments:**

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1. **Contribution to the university, the community, and the church**

 4 = Exemplary 3 = Expected 2 = Improvement Plan Needed 1 = Unacceptable NA = unable to observe

|  |  |
| --- | --- |
| **Administrator’s Evaluation of Director/** **Associate Director** | **Observable Indicator** |
| 4 3 2 1 NA | Support of institutional mission and goals |
| 4 3 2 1 NA | Participation on department/school and university committees  |
| 4 3 2 1 NA | Attendance at scheduled university meetings and other sponsored activities |
| 4 3 2 1 NA | Involved in community service activity and civic engagement |
| 4 3 2 1 NA | Provides service activity to church |

**Comments:**

1. **Collegiality**

4 = Exemplary 3 = Expected 2 = Improvement Plan Needed 1 = Unacceptable NA = unable to observe

|  |  |
| --- | --- |
| **Administrator’s Evaluation of Director/Associate Director** | **Observable Indicator** |
| 4 3 2 1 NA | Supportive and helping relationships with professors and students |
| 4 3 2 1 NA | Positive and appropriate relationships with colleagues |
| 4 3 2 1 NA | Positive and appropriate relationships with supervisors |
| 4 3 2 1 NA | Assumes reasonable share of department responsibilities |

**Comments:**

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**General Comments:**

1. **Portfolio Prepared**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes. | Submitted to Office of Academic Administration on  |  |
|  |  |  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
|  | No. | Plan to submit on  |  |
|  |  |  | Date |

|  |  |
| --- | --- |
|  | Not needed this year. |

Academic Rank Recommended to Faculty Promotions Committee by Administrator

|  |  |  |  |
| --- | --- | --- | --- |
| Rank: |  | Level: |  |

The evaluation rankings and comments that I have indicated above are based on personal observations of the Administrator/Director as well as on information provided to me by professors, students and others. I affirm that they accurately reflect my best understanding of this director’s/ associate director’s performance at this date.

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| --- | --- | --- |
|  |  |  |
| Signature of Director |  | Date |

I have reviewed this report and discussed my evaluation with my Administrator. I am aware that I may add my written comments to this record to ensure fair representation of my perspective regarding the evaluations written above.

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| --- | --- | --- |
|  |  |  |
| Signature of VPAA |  | Date |