

Wheaton College  
Annual Evaluation: Full-Time Non-Tenured Faculty

Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_

A. Teaching Performance. Please include or list the following information; which will be described in Section D.

1. List of courses taught by semester in current year. Include supervision of independent work, as well.
2. Any course syllabi not previously sent to the Provost's Office should be sent to [Syllabus Archive](#) electronically before this form is submitted.
3. A copy of the department's course evaluation form and a statistical analysis of responses.
4. Any comments on classroom observation by colleagues, if available.
5. Any other pertinent evidence concerning teaching performance.

Name: \_\_\_\_\_

Academic Year: \_\_\_\_\_

B. Performance as Scholar or Artist. List the following items of information as applicable:

1. Publications, exhibitions, performances.
2. Research or creative work in progress.
3. Participation in professional meetings (sponsoring organization, dates, and topics of papers or other contribution).
4. Participation in department colloquia and programs (exclusive of teaching and administrative work).
5. Research done with students.
6. Other professional activities (offices in professional organizations, editorial work, consulting, grant proposals, etc.)

Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

C. Service to the College

List information such as:

1. College service such as College committee assignments, participation in College programs, etc.
2. Departmental administrative or committee work, special assignments, advising or organizational work.

Faculty Member :  
Self-Evaluation Form

Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Instructions: Please complete this form and return it to your Department Chair by the date requested. You may attach additional pages or use the back of this sheet.

- D. **Self-Evaluation:** Please provide an assessment of your performance over the past academic year in the following areas: teaching, performance as a scholar or artist, and service to the College.
- E. **Plans for the Next Academic Year:** Please outline your plans and goals for next year.

Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

F. Written Summary (Strengths and areas that need improvement)

G. Faculty Member's Comments (Optional)

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair's Signature

\_\_\_\_\_  
Date

The faculty member's signature indicates that the faculty member has had the opportunity to read this evaluation and add comments.

Copy of completed annual evaluation given or sent to faculty member.

Copy of completed annual evaluation sent to the Provost on: \_\_\_\_\_  
Date