

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. Revisions that occurred to courses due to COVID disruptions.
4. A copy of the department's course evaluation form and a statistical analysis of responses.
5. Any comments on classroom observation by colleagues, if available.
6. Any other pertinent evidence concerning teaching performance.

Name: _____

Academic Year: _____

- B. Performance as Scholar or Artist. List the following items of information as applicable. Please indicate if scholarly venues were canceled because of COVID, if publications were delayed because of COVID, and if any direct professional activity was affected by COVID.
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.
3. Institutional labor related to COVID.

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, service to the College, effects of COVID on all of these areas.
- 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). In this summary, please indicate how your work has been affected by COVID.

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