

FACULTY GROWTH PLAN (FGP) FORM

FOR FACULTY EVALUATION

(Adjunct, Classroom, Coordinating, Counseling, Library, Nursing, and Online)

Name of Evaluatee: _____ Name of Evaluator: _____

Date: _____

(Attach separate pages for each numbered item if necessary)

1. Evaluator's identification of the area(s) needing improvement:

Classroom observation

Student questionnaires

Self-assessment

Division Dean/Responsible Administrator's observation

Portfolio

Division Dean/Responsible Administrator's assessment of non-teaching responsibilities

Please describe in detail the area(s) needing improvement and how they should be addressed:

2. Timeline for addressing area(s) needing improvement:

One semester (for adjunct faculty)

Two semesters (for tenure-track faculty)

Three semesters (for tenured faculty)

3. Evaluatee's plan for addressing the area(s) needing improvement:

4. Evaluator's assessment of the completion of the faculty growth plan at the end of the timeline:

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's faculty growth plan. Signed:

Date:

Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my faculty growth plan. Signed:

_____ Date: _____

Evaluee

ADDITIONAL COMMENTS: