**APPENDIX II**

**WLU FACULTY PERFORMANCE ACTIVITY REPORT**

1. The Faculty Performance Activity Report is the official faculty evaluation document for an academic year (i.e., end of one AY to end of the following AY).
2. The FPAR is the faculty member’s description of their performance during the academic year. It should address all of the items in their Faculty Performance Planning Document as well as any other pertinent and significant activities that have occurred during the academic year.
3. The FPAR must be accompanied by evidence to support all claims of performance. It is the responsibility of the faculty member to ensure documents provided as evidence are also provided to the Provost’s office in the specified electronic format for inclusion in their personnel file.
4. The FPAR must be dated and signed by the faculty member, Department Chair or Program Director, and Dean.
5. The FPAR is the responsibility of the faculty member. Information from this document will serve as the basis for the annual faculty evaluation conference between the faculty member and the Department Chair or Program Director. This document and supporting evidence must be submitted by the second Friday in April. The evaluation conference must take place no later than the first Friday in May.

**FACULTY INFORMATION**

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Performance Factors: The faculty member should list activities/achievements from the current AY.

**Teaching: (Do not list required activities)**

**Professional Activity:**

**Service:**

**WLU FACULTY PERFORMANCE ACTIVITY REPORT**

**Evaluation Form**

Performance Evaluation Rubric – to be completed by department chair or program director

See Section III B for definitions of descriptors. Attach additional sheets, if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Significant Areas of Contribution (per LOA):** | **Exceeds** (4) | **Meets** (2) | **Needs Improvement** (0) |
| **Teaching** |  |  |  |
| **Professional Activity or Service** (**circle one )** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reasonable Area of Contribution (per LOA):** | **Exceeds** (3) | **Meets** (1) | **Needs Improvement** (0) |
| **Professional Activity** |  |  |  |
| **Service** |  |  |  |

**Total (11 possible):**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No1** |
| **Professional Conduct2** |  |  |

1Faculty members who receive “Needs Improvement” ratings, and who are being re-appointed for the following academic year, will be asked to develop an individual Performance Improvement Plan using the form in this policy. Such Performance Improvement Plans are subject to approval by the Program Director or Department Chair and the Dean.

2In accordance with the March 15, 2016 resolution “Statement on Professional Ethics” (Policy & Procedure Manual, Introduction, Faculty Senate)

Comments or suggestions for improvement:

Annual Faculty Evaluation Conference Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Program Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEAN REVIEW OF ANNUAL FACULTY EVALUATION**

Approve:\_\_\_\_\_ Disapprove:\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If disapprove, specific reasons/recommendations:

# PERFORMANCE IMPROVEMENT PLAN

The areas designated below have been rated as “Needs Improvement” on the annual evaluation. This document outlines the areas of deficiency with suggestions for improvement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mark areas needing improvement with an (x). | Deficiencies (w/evidence): | | Suggestions to improve\*: | Criteria for success: |
|  | Teaching | | |
|  | |  |  |
|  | Service | | |
|  | |  |  |
|  | Professional Activity | | |
|  | |  |  |
|  | Professional Conduct | | |
|  | |  |  |

\*Suggestions are ranked in order of priority.

If the criteria for success listed above are not met, then \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgement of meeting and understanding:

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Department Chair/Program Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_