

West Chester University of Pennsylvania

Department Chairperson

Faculty Performance Review and Evaluation Form

Faculty Member:	
Department:	
Semester(s) Reviewed:	
Date of Review:	
Type of Evaluation (check where applicable):	
Post tenure 5-year evaluation:	Regular Part-Time:
Probationary Year: $\square 1^{st}$ $\square 2^{nd}$ $\square 3^{rd}$ $\square 4^{th}$	Promotion: Year 1 Year 2
Temporary:	Interim:
EVALUATION: On May 29, 2024 APSCUF and the State System agmindful of the impact of bias based on personal attributes and other performance." Furthermore, Article 12 B.1 (b). of the Collective Barregard to student feedback, sensitivity to the effects of cultural and states.	factors related to teaching rgaining Agreement states that "with

evaluations."

"The Chairperson's evaluation shall be based on his/her knowledge and personal observation of the FACULTY MEMBER'S performance, the results of the department evaluation committee's evaluation and recommendations and materials submitted by the FACULTY MEMBER." [Collective Bargaining Agreement, Article XII, C, 1, c, 2].

Each of the three specific evaluation areas to be covered should be handled in two ways: (1) Selecting one of the four categories describing the evaluee's performance. Each of the categories is intended to serve a carefully defined function, discussed below. (2) Including a thorough narrative explanation justifying the selection. Mere selection of an objective description does not constitute evaluation and is unacceptable. Evidence must be cited in support of judgments. Use additional space as needed.

<u>Does Not Meet Professional Standards</u>. This description should be reserved for rare cases where an individual is mismatched with his job or is simply incompetent.

<u>Improvement Needed</u>. This comment should be used frequently and without hesitation. It means simply that there appear to be aspects of the evaluee's performance which could be improved. It should only rarely, and then in obvious cases, be considered pejorative. For example, beginning faculty or experienced persons taking on new assignments, should frequently be expected to need improvement in their performance.

<u>Meets Professional Standards.</u> This designation will probably be used to describe a majority of the cases that are considered. It is specifically intended as a means of avoiding narrow "grading" of personnel. Qualitative differences should emerge from the narrative explanation section of the evaluation.

<u>Distinguished</u>. This description should almost never be used. It should be reserved as a means of recognizing unequivocally superior performance.



1. EFFECTIVE TEACHING AND FULFILLMENT OF PROFESSIONAL RESPONSIBILITIES:			
Does Not Meet Professional Standards	Improvement Needed		
☐ Meets Professional Standards	Distinguished		
	ch items as student evaluations, peer evaluations, classroom dvisement, willingness to accept departmental work assignments, Collective Bargaining Agreement XII, B, 1)].		
2. CONTINUING SCHOLARLY WORK			
Does Not Meet Professional Standards	Improvement Needed		
☐ Meets Professional Standards	Distinguished		
Explanation: [Indicated, when applicable, by such items as development of experimental programs, papers delivered at national and regional meetings of professional societies, regional and national awards, etc., (see Collective Bargaining Agreement XII, B, 2)].			



3.	SERVICE: CONTRIBUTION TO THE U	NIVERSITY AND/OR COMMUNITY
	Does Not Meet Professional Standards	☐ Improvement Needed
	Meets Professional Standards	Distinguished
	college, and university committees; APSCUH	by such items as quality of participation in programs, department, F activity contributing to the governance of the university; b; etc. (see Collective Bargaining Agreement XII, B, 3)].
4.	OVERALL ASSESSMENT	
	Does Not Meet Professional Standards	☐ Improvement Needed
	Meets Professional Standards	Distinguished
	(Refer to preceding sections where specific s chairperson's recommendation to the appropri	strengths and weaknesses are detailed as a basis for the riate dean or manager.)



Department Chair Name:
Date: Signature:
Faculty Member: Please check one of the following:
☐ I accept this evaluation report.
I disagree with this report. My signature merely indicates that I have read the report and have had the
opportunity to attach a personal statement to it.
I disagree with this report and will attach a personal statement within one week of the date of my signature
Date: Faculty Member Signature:
Cc: Chairperson Faculty Member

Rev. 9/2025