(1402-2020) COEN Chair Evaluation

**NOTE: You will be signed out of Faculty180 after 60 minutes of inactivity for security reasons. Please save your work accordingly.**It is recommended to prepare your evaluation narratives in a [Word document version of the form](https://www.boisestate.edu/academics-deptchairs/faculty180/faculty-resources/annual-evaluation-forms/) before entering it into this evaluation form. If you will be away from your desk for an extended time, place a character/number in any/all required fields and save your work so as not to lose it. **New as of CY 2020**: Past calendar year's semester workloads and current spring workload is now entered in the new **Workload** section under "Activities". Only the past CY workload will appear in the annual activity report.

**ALSO NOTE:** **Do not** hit the 'Evaluate' button while you have an evaluation form opened, even if it's minimized. This will reload the form, and you will lose any unsaved progress.

**Instructions**

This evaluation form for department chairs/heads has several main elements:

* Confirmation of last CY's workload and FTE
* Chair ratings & comments
* Projected fall workload

Please make sure to Save this form (bottom of page) each time you make changes. Only Submit this (from the listing page) after you have finished your discussions with the faculty member.

AEvaluation Period

|  |  |
| --- | --- |
| **Past Calendar Year\*** |  |

BFaculty FTE

Please confirm faculty member's FTE for the past calendar year.

|  |  |
| --- | --- |
| **Faculty FTE (past calendar year)\*** |  |

CPast Calendar Year's Workload Confirmation

In the field below, check the box to confirm that the past calendar year's workload percentages in the \*Workload\* section of the faculty member's account are reviewed, accurate and approved.

|  |  |
| --- | --- |
| **Supervisor Past Calendar Year Workload Approved?\*** | Pending  Yes |

DChair Ratings and Comments

Ratings are on a scale of 5 (best) to 1 (least): 5=Far Exceeds Expectations; 4=Above Expectations; 3=Meets Expectations; 2=Below Expectations; 1=Fails to Meet Expectations.

|  |  |
| --- | --- |
| **Teaching Rating (5 - 1)** |  |
| **Teaching Comments** | 11pt    0 words |
| **Research Rating (5 - 1)** |  |
| **Research Comments** | 11pt    0 words |
| **Service Rating (5 - 1)** |  |
| **Service Comments** | 11pt    0 words |
| **Administration rating (5 - 1) [if applicable]** |  |
| **Administration comments [if applicable]** | 11pt    0 words |
| **Summary Comments** | 11pt    0 words |

EFall Workload Distribution (current calendar year)

The percentages entered here should reflect the planned distribution of work for the upcoming Fall term. The total should be 100%.

|  |  |
| --- | --- |
| **Current Fall Calendar Year\*** |  |
| **Teaching % (next Fall)\*** |  |
| **Scholarly Activities % (next Fall)\*** |  |
| **Service % (next Fall)\*** |  |
| **Administration % (next Fall)\*** |  |
| **Leave/Offset % (next Fall)\*** |  |

FFaculty - Chair Meeting

|  |  |
| --- | --- |
| **Has chair met with faculty member to discuss this Performance Evaluation?\*** | Yes, we met  No, faculty declined a meeting  No, faculty requested meeting not yet held  No, both Chair and faculty agreed a face-to-face meeting was not necessary |
| **If meeting with faculty member has occurred, enter date of meeting** |  |

GChair E-Signature

Please enter the date when you complete this form. You may make further changes until you SUBMIT this from the Evaluation Menu.

|  |  |
| --- | --- |
| **Full Name\*** |  |
| **Date Completed\*** |  |