**Clinical Faculty (6+/Yearly or Multi-Year) Annual Evaluation**

**Instructor Name**: **Year: 20\_\_\_\_- \_\_\_\_**

Department: College:

|  |  |
| --- | --- |
| **Yearly Appointment** | \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) |
| Multi-Year Appointment Status\* | Eligible for Multi-Year Appointment \_\_\_\_\_ (YES) \_\_\_\_\_ (No) Year Multi-Year Appointment Started (Article 16.b) \_\_\_\_\_\_\_\_\_Current Year in Multi-year Appointment: Year \_\_\_\_ of three years. |

\*Eligibility is based upon five or more years of instructional service with superior performance in teaching/primary duties and significant evaluations for research/creative activity or service and highly effective evaluations in the remaining area (Article 16.b.5)

**Oral English Proficiency Compliance**

All persons providing classroom instruction must have an annual evaluation of their oral English language proficiency under Illinois Statute 110ILCS 660/5-70. If oral English proficiency is considered unsatisfactory, the department chair will discuss the evaluation with the faculty member, contract administration and the union president to discuss how the individual can meet statute requirements.

**Oral English Proficiency is rated as:** [\_\_] Satisfactory [\_\_] Unsatisfactory.

**Evaluation of Effectiveness of Performance**

All yearly and multi-year clinical faculty **are required** to have annual performance evaluations. Evaluations include reference to activities and work products outlined in the relevant Departmental Application of Criteria (DAC) and the Contract. Activities such as timely submission of grades and evaluation of reassigned time should be included in the evaluation.

**Directions:** Check the appropriate box for the level of performance:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Article 19.3.b.2.a.6 or a.8 and 19.3.b.4 of the 2010-2015 Contract | **Unsatis-factory** | **Satis-factory** | **Effec-tive** | **Highly Satis-factory** | **Highly Effec-tive** | **Signif-icant** | **Super-ior** |
| **Teaching/Performance of Primary Duties** |  |  |  |  |  |  |  |
| **Research/Creative Activity** |  |  |  |  |  |  |  |
| **Service** |  |  |  |  |  |  |  |

**Reasons:** Written evaluation of effectiveness of performance stating reasons with respect to criteria. (For more room use back or additional sheets.)

***The Department Chair checks and signs the appropriate box and retains a copy and gives one to the faculty member, one to the Dean and one to the Contract Administrator. The Dean makes a written recommendation and sends it to the faculty member, to the chairperson and to Contract Administration:***

**[\_\_] Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) Date:**

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

**[\_\_] Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) Date:**

**College:**