

College of Pharmacy

# Policy and Procedures

on Evaluation of Teaching Faculty by Chair of Academic Department and Faculty Peers

**Document History**

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| **Version** | **Date**  **Written** | **Written by** | **Effective Date** | **Next Review Date** | **Summary of Changes** |
| 1 | 9.11.16 | Dr. Pather | 9.25.16 | 9.30.17 | Original Document |

This document outlines the method for evaluation of teaching faculty by the chair of the didactic department and by faculty peers.

1. Each member of the teaching faculty will be evaluated once per year by their chair as well as by two faculty peers, irrespective of the number of courses in which the faculty teaches. For the purpose of evaluation, each of these evaluators (chair and faculty peers) will attend one classroom session, which need not be the same session.
2. At least three weeks in advance, the faculty member will arrange for the peer of his or her choice to perform the evaluation at a specific classroom session and inform the department chair accordingly.
3. The chair evaluation will be arranged at the mutual convenience of the chair and faculty. If the chair deems it necessary, additional chair evaluation(s) may be made.
4. Evaluators may request copies of slides and other teaching materials ahead of the class. These will be provided by the faculty member.
5. Evaluators will be present in the class for as long as needed to evaluate didactic teaching as well as active learning/group activities.
6. Evaluators will fill out the form provided in the attachment and will, thereafter, meet with the faculty member to discuss their observations.
7. All peer evaluations are confidential between the faculty member, the respective peer evaluator. All chair evaluations are confidential between the chair and faculty member but this provision does not preclude the chair from incorporating findings in required reports e.g. a report to the Promotion and Extended Contract Committee.

**Chair and Faculty Peer Evaluation of Teaching Faculty**

Course Name: Name of Faculty Evaluated:

Date and Time Class was Attended:

*Please indicate the extent to which you agree or disagree with the following statements:*

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| 10 | Created an environment that allowed questions and  discussion as well as demonstrated respect for learners. |  |  |  |  |
| *Comments:* | | | | |
| 11 | Used educational technology effectively. |  |  |  |  |
| *Comments:* | | | | |
| 12 | Had control over the class. |  |  |  |  |
| *Comments:* | | | | |
| 13 | Overall, the teaching was effective. |  |  |  |  |
| *Comments:* | | | | |
| 14 | What do you think is this faculty member’s greatest strength? | | | | |
| 15 | What suggestions would you give to improve this faculty member’s teaching? | | | | |

Evaluator’s Name:

Last updated: September 11, 2016