

APPENDIX D-1
CLASSROOM VISITATION FORM

Faculty Member's Name _____

College _____

Date of Visitation _____ Dept. _____

Tenured _____ Non-Tenured _____

For each item, respond by marking the space under the appropriate category of the key. Mark your response in INK.

KEY

- SA – Strongly Agree
- A – Agree
- N – Neither Agree nor Disagree
- D – Disagree
- SD – Strongly Disagree
- NA – Not Applicable

	SA	A	N	D	SD	NA
1. The instructor seemed to be concerned with whether the students learned the material.						
2. The instructor encouraged students to express opinions.						
3. The instructor appeared receptive to new ideas and others' viewpoints.						
4. The student had an opportunity to ask questions.						
5. The instructor generally stimulated class discussion.						
6. The instructor attempted to cover too much material.						
7. The instructor appeared to relate the course concepts in a systematic manner.						
8. The class was well organized.						

ADDITIONAL REMARKS (OPTIONAL)

Name of Evaluator

Signature

Date

This is to certify that I have read this document

Name of Faculty Member

Signature

Date

APPENDIX D-2(a)
DEPARTMENT CHAIR OR PEER EVALUATION COMMITTEE
EVALUATION OF FULL-TIME FACULTY MEMBER

Name _____ Department _____

Date of Last Evaluation _____ College _____

Date of This Evaluation _____

Personnel Action Being Considered _____

DIRECTIONS:

Evaluate each faculty member on items A through D (include E and F where applicable).

CRITERIA:

- A. Teaching Effectiveness (Article VIII, §A(1)(a)(i))

- B. Academic Advising (Article VIII, §A(1)(a)(ii); and Article XII, §A(3))

- C. Continuing Scholarship (Article VIII, §A(1)(b)(i))

- D. Other Professional Activities (Article VIII, §A(1)(b)(ii))

- E. Alternative Responsibilities (Article VIII, §A(1)(b)(iii); Article XII, §D: and Article XIV)

- F. Activities Required of Professional Maritime Faculty (Article VIII–A, §B; and Article XII–A, §A(1))

1. Achievements in the individual's specialized field

2. Maintenance of a proper uniform

3. Contribution to maritime training and shipboard operations

Signature of Department
Chair or Committee Chair

Date

This is to certify that I have read this evaluation

Signature of Faculty Member

Date

If a Committee, list the names of its members:

(TO BE FILLED IN BY CHAIR OF THE COMMITTEE):

Names of Committee Members

Recommendation concerning personnel action being considered:

Record of votes cast, if any:

(TO BE FILLED IN BY CHAIR OF THE COMMITTEE):

(For)	(Against)	Date of Vote
VOTE		

APPENDIX D-2(b)
DEPARTMENT CHAIR
EVALUATION OF PART-TIME FACULTY MEMBER

Name _____ Department _____
Date of Last Evaluation _____ College _____
Date of This Evaluation _____

DIRECTIONS:

Evaluate each faculty member on items A through C.

CRITERIA:

- A. Teaching Effectiveness (Article VIII, §A(2)(a))

- B. Academic Advising (Article VIII, §A(2)(b))

- C. Fulfillment of Other Obligations (Article VIII, §A(2)(c); and Article XII, §A(1)(b))

This is to certify that I have read this evaluation

Signature of Department
Chair or Committee Chair

Date

This is to certify that I have read this evaluation

Signature of Faculty Member

Date

APPENDIX D-3
POST-TENURE REVIEW

Name of Unit Member _____ Review Year _____

Department _____ College _____

I. Review by Department Chair, Library Director or Campus School Principal

A. _____ Unit member's work is satisfactory.

(No further statement shall be given.)

B. _____ Unit member's work is unsatisfactory for the following reasons:

(A detailed and complete statement of the reasons must be given. Use additional paper if necessary.)

Signature of Chair/Director/Principal

Date

This is to certify that I have read this review.

Signature of Unit Member

Date

II. Review by Vice President

A. _____ Unit member's work is satisfactory.

(No further statement shall be given.)

B. _____ Unit member's work is unsatisfactory for the following reasons:

(A detailed and complete statement of the reasons must be given. Use additional paper if necessary.)

Signature of Vice President

Date

This is to certify that I have read this review.

Signature of Unit Member

Date

APPENDIX D-4
DEPARTMENTAL EVALUATION OF CHAIR

Name _____ Date of Evaluation _____

Rank _____ Department _____

Directions:

Evaluate the Department Chair's responsibilities (reference Article VI, Section A) with regard to:

Legend:

- S – Superior
 A – Adequate
 IA – Inadequate
 NA – Not Applicable

	S	A	IA	NA
1. Providing for scheduling of courses and classes.				
2. Providing for arranging of faculty schedules.				
3. Providing for independent, intra-departmental learning program (where applicable).				
4. Providing for Student Practica (where applicable).				
5. Providing for fieldwork and internships (where applicable).				
6. Providing for faculty research.				
7. Providing for other student and faculty activities.				
8. Making recommendations to the curriculum structure within the department.				
9. Insuring student accessibility to department courses.				
10. Assisting in the recruitment of faculty in the department.				
11. Participation in the evaluation of faculty in accordance with the provisions of Article VIII of the Agreement.				
12. Submitting requests for supplies, equipment, library holdings and other needs.				
13. Maintaining communication with students, prospective students and other faculty at the college relative to departmental matters.				
14. At the commencement of each academic semester, posting a list of all registered majors within the department (where applicable).				

	S	A	IA	NA
15. At the commencement of each academic semester posting a list of all minors in the department (only if no major exists and where applicable).				
16. Meeting regularly with the Vice President or his designee and from time to time with members of the department and with the appropriate departmental committees in order to coordinate the interaction of departmental programs and activities and to facilitate the discharge of the responsibilities set forth in Article VI, Section A of this Agreement.				
17. Providing for academic advising activities within the department.				
18. Assigning student advisees to members of the faculty of the department.				
19. Operating and monitoring the advising program of the department.				
20. Evaluating each member of the department with respect to the quality of advising as it is rendered by that departmental member to students.				
21. Serving on any boards and/or commissions (at the Massachusetts Maritime Academy only)				
22. Advising faculty of the receipt of any substantial complaint by a student or faculty member which may affect the employment status of the faculty member.				
23. Additional remarks (Optional).				

Signature of Committee Chair

Date

This is to certify that I have read this evaluation

Signature of Department Chair

Date

If a Committee, list the names of its members:

(TO BE FILLED IN BY CHAIR OF THE COMMITTEE):

Names of Committee Members

Record of votes cast, if any:

(TO BE FILLED IN BY CHAIR OF THE COMMITTEE):

(For)

VOTE

(Against)

Date of Vote

APPENDIX D-5
SPECIAL PERFORMANCE REVIEW

Department _____ College _____

I certify that the following bargaining unit members have performed satisfactorily during the preceding work year and are thus entitled to the salary adjustments that are contingent on satisfactory performance.

- | | |
|-----|-----|
| 1. | 21. |
| 2. | 22. |
| 3. | 23. |
| 4. | 24. |
| 5. | 25. |
| 6. | 26. |
| 7. | 27. |
| 8. | 28. |
| 9. | 29. |
| 10. | 30. |
| 11. | 31. |
| 12. | 32. |
| 13. | 33. |
| 14. | 34. |
| 15. | 35. |
| 16. | 36. |
| 17. | 37. |
| 18. | 38. |
| 19. | 39. |
| 20. | 40. |

Signature of Department Chair;
Chair of the Peer Evaluation
Committee; Director, Library;
Program Area Chair;
or Principal, Campus School

Date