

**LOUISIANA COMMUNITY & TECHNICAL COLLEGE SYSTEM**  
**Policy # 6.502**

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**Title: FACULTY PERFORMANCE EVALUATION**

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Louisiana Community and Technical College System (LCTCS) and the LCTCS Board of Supervisors require annual performance evaluations for each faculty of the LCTCS and its member colleges. The performance management process represents a continuous process of planning, communication, evaluation, development, and recognition and reward between the faculty and the supervisor.

Performance evaluations are an important tool to assist management in making a wide range of employment decisions (e.g. promotion, reassignment). Although there is not direct link between the evaluation and salary, the results can be considered in making salary decisions. Salary increases will primarily be merit-based; however, the LCTCS Board may authorize other modes of salary increase, as deemed necessary, with appropriate supporting justification.

**I. PERFORMANCE EVALUATIONS**

The annual performance evaluation provides an opportunity to formally review each faculty. The performance evaluation represents an agreement between the faculty and supervisor of the critical functions which must be performed and how well the faculty is meeting expectations. Supervisors must strive to provide a fair and accurate representation of the faculty's performance. Supervisors are evaluated, in part, on how well they manage the performance of their employees.

**A. Employees Evaluated**

All faculty of LCTCS' member colleges are covered under this policy.

**B. Frequency of Evaluations**

An annual performance evaluation must be conducted for all faculty of LCTCS' member colleges.

**C. Evaluations Forms**

LCTCS' member colleges shall use the same standardized faculty evaluation and planning forms as approved by the LCTCS Board of Supervisors. Each college shall develop the standard expectations to align with the mission and values of the college.

#### **D. Evaluation Process**

All evaluations shall include a rating scale along with a comments section for the justification of said rating. Comments are required for each section. The performance evaluation shall:

1. Be reviewed and discussed with the faculty member by the supervisor
2. Be dated and signed by the faculty member and the supervisor

All rating of “needs improvement” or “unsatisfactory” require a written performance improvement plan.

#### **I. IMPACT ON SALARY INCREASES**

Salary increases for faculty of the LCTCS’ member colleges will be based on performance and the appropriate level of responsibilities.

##### **A . Performance Rating**

Consideration for a salary increase will be given to those faculty that receive an overall performance rating of “meets expectations” and above. In no instance will a salary increase, or promotion be granted to a faculty member with a rating of “needs improvement” or “unsatisfactory”.

##### **B . Current Evaluation on File**

Performance evaluations must be completed no more than one year prior to the recommended salary increase.

##### **C. Across the Board Increases**

Salary increases will not be awarded across-the-board, without prior LCTCS Board of Supervisors approval.

##### **D. Actively Working and Current Evaluation on File**

No merit increase shall be granted a faculty member out on leave for a period beyond 12 weeks (the maximum allowed under the Family and Medical Leave Act) until such time as the faculty member has (1) returned to work for a minimum of six months, and (2) has received a “meets expectations” or above performance rating.

##### **E. Limitation of Increases**

Merit increases shall be based on the salary in place the day prior to the effective date of the merit increase.

1. No merit increase shall be granted a faculty member employed for a period of less than six months, or
2. No merit increase shall be granted a faculty member who has received a salary increase of any type within six months prior to the effective date of the merit increase unless justification has been provided by the Chancellor and the LCTCS President has approved such for recommendation to the LCTCS Board of Supervisors.

Notwithstanding the above, performance evaluations and salary increases for classified employees are subject to the regulations of the Louisiana Department of State Civil Service.

Please see policy specific to unclassified staff for those requirements.

# Course Observation

Faculty Member's Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Observer: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Course being Observed: \_\_\_\_\_

Type of course (lecture, lab, online, etc.): \_\_\_\_\_

**I. Structure and Goals**

*Describe the evidence of planning and organization in the instructor's presentation. Describe the various instructional elements (lecture, LMS material, video(s), handouts, etc.) effectively integrated.*

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**II. Subject Matter and Instruction Sequence**

*Give a description of how the instructor presents the subject matter. Was the information presented clearly and easily accessible? How does the instructor support the student's learning? Does the instructor use a variety of strategies?*

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**III. Instructor-Student Rapport**

*Describe the instructor interaction with students. Does the instructor show fair and equitable concern for all students? Does the course material seem to be well received by the students? Do students receive clear answers to their questions? Is there any evidence that students are engaged?*

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**IV. General**

*Give a brief description of the instructor's overall effectiveness as a teacher. During the observation, what strengths did the instructor demonstrate?*

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What, if any, are some areas that may need improvement?

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Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Observer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Louisiana Community and Technical College System Full-Time Teaching Faculty Evaluation

Faculty Member's Name: \_\_\_\_\_

Academic Year: \_\_\_\_\_

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

Present Rank: \_\_\_\_\_

Years of Service at Institute: \_\_\_\_\_

**Part A: Job Expectations**

Upon meeting all the requirements for a full-time teaching employee including all supporting documentation, the faculty member will receive a score of 3 (Meets Expectations) for part A. If a faculty member does not meet the criterion of a full-time teaching employee, the faculty member's immediate supervisor must provide disciplinary evidence (documentation in the form of disciplinary actions as outlined by LCTCS Policy 6.014 and the Institutional Disciplinary Policy) that corresponds with the resulting score of 1 (Unsatisfactory) or 2 (Needs Improvement).

**Support Documentation Needed:**

- Course Observation
- All State Mandated Trainings completed before submission of evaluation (Code of Ethics Training, Sexual Harassment Training, etc.)
- Other institutional specific requirements/documentation
- Faculty Professional Growth Form (FPGF) and accompanying Evidence (At the discretion of the faculty member)

**I. TEACHING AND DIRECT INSTRUCTIONAL ACTIVITIES (*As Applicable*):**

(INSERT all base level faculty/job expectations as outlined by faculty contract set by the institution)

I have met the college's faculty expectations.

Faculty Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

**II. SERVICE TO STUDENTS, DEPARTMENT, DIVISION OR COLLEGE, COMMUNITY (As Applicable):**  
**(INSERT all base level faculty/job expectations as outlined by faculty contract set by the institution)**

I have met the college's faculty expectations.

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**III. PROFESSIONAL DEVELOPMENT:**  
**(INSERT all base level faculty/job expectations as outlined by faculty contract set by the institution)**

I have met the college's faculty expectations.

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**IV. LEADERSHIP (As Applicable):**

**(INSERT all base level faculty/job expectations as outlined by faculty contract set by the institution)**

I have met the college's faculty expectations.

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part B: Faculty Professional Growth Form**

It is the right of the faculty member to choose to complete the Faculty Professional Growth Form by providing evidence of any accomplishments of goals/achievements outside and beyond the basic job duties as outlined in Part A. The faculty member will utilize the Faculty Professional Growth Form (FPGF) to establish an evaluation rating that demonstrates more than just Meets Expectations (3). The Faculty Professional Growth Form (FPGF) is a *living document* and may be edited throughout the academic year until the point of submission.

The total points earned are the following:

- 0.5 point towards the overall score
  - Complete 2 goals/achievements
- 1 point toward the overall score
  - Completed 4 goals/achievements
- 1.5 points towards the overall score
  - Complete 6 goals/achievements
- 2 points towards overall score
  - Completed 8 goals/achievements
  - OR
  - Complete 1 goal/achievement of outstanding scope/effectiveness\*

**\* The quality of the scope of each goal will be set by the discretion of the supervisor/institution.**

**Important Note:**

1. Part A will not be negatively affected by a score of zero on Part B.
2. Failure to achieve a score of 3 in Part A will negate all progress made by the FPGF.

### Rating Categories for Evaluations

**5 – Outstanding** - In order to receive this rating, the faculty member must make exceptional contributions to teaching and learning, service work, and/or professional development. These contributions must go beyond the expectations of the full-time faculty job description.

**3.5 – 4.5– Exceeds Expectations** – This rating indicates that the faculty member performs beyond the faculty's expectations in several areas, and that this performance has been documented.

**3 – Meets Expectations** – Based on this rating, the faculty member is meeting job expectations satisfactorily.

**2 – Needs Improvement** – Based on the rating, certain areas of the evaluation need to be addressed. There is a job-related issue that has surfaced over the past year which needs to be addressed in the coming year. There must be at least one written notification with formal documentation of counseling sessions.

**1 – Unsatisfactory** – According to this rating, the faculty member's performance is not at an appropriate level of quality. It is unlikely that the situation for this employee will improve or that it will only be temporary issue. There have been multiple written notifications with formal documentation of counseling sessions.

**The overall evaluation score will be calculated by adding both Part A and Part B together.  
A faculty member will not have to complete a PGP to receive a score of 3 (Meets Expectations).**

Part A Score	+	Part B Score	=	Overall Evaluation Rating
	+		=	

Comments:

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Faculty's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean and/or Academic Vice Chancellor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Faculty Professional Growth Form (FPGF) for LCTCS Full-time Faculty

Faculty Member's Name: \_\_\_\_\_

Academic Year: \_\_\_\_\_

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

Present Rank: \_\_\_\_\_

Years of Service at Institute: \_\_\_\_\_

### Instructions:

- At the beginning of the Academic Year**, all faculty members who elect to be eligible for a 3.5 or higher must submit their draft of a Faculty Professional Growth Form (FPGF) to the appropriate supervisor. The faculty member and supervisor should discuss and agree upon what would constitute as appropriate evidence for the proposed meritorious intentions. To finalize the FPGF for the academic year, the faculty member will schedule a meeting with the immediate supervisor. If a faculty member elects to be eligible for FPGF at a later point in the academic year, they will need to schedule a meeting with their immediate supervisor to complete the process before the end of the academic year. **The Faculty Professional Growth Form (FPGF) is a *living document* and may be edited throughout the academic year until the point of submission.**
- During the evaluation conference**, the goal/achievement should be explained in a brief manner, as well as the outcome. When experimenting for the purpose of improving instruction, it is not necessary to document "success." A statement of what new methodology, approach, technique, etc., has been tried and evaluated is needed. A key element of this process is the discussion or dialogue between the faculty member and the immediate supervisor with the purpose of continuing to improve both student and faculty advancement and success.

The total points earned are the following:

- 0.5 point towards the overall score
  - Complete 2 goals/achievements
- 1 point toward the overall score
  - Completed 4 goals/achievements
- 1.5 points towards the overall score
  - Complete 6 goals/achievements
- 2 points towards overall score
  - Completed 8 goals/achievements
  - OR
  - Complete 1 goal/achievement of outstanding scope/effectiveness\*

\* The quality of the scope of each goal will be set by the discretion of the supervisor/institution.

**I. TEACHING AND DIRECT INSTRUCTIONAL ACTIVITIES**

<b>GOAL/ ACHIEVEMENT</b>
<b>Objective(s)</b>
<b>Resources Needed</b>
<b>Assessment Method</b>
<b>Results-</b>

**II. SERVICE TO STUDENTS, DEPARTMENT, DIVISION AND/OR COLLEGE, AND COMMUNITY**

<b>GOAL/ ACHIEVEMENT</b>
<b>Objective(s)</b>
<b>Resources Needed</b>
<b>Assessment Method</b>
<b>Results-</b>

**III. PROFESSIONAL DEVELOPMENT**

<b>GOAL/ACHIEVEMENT</b>
<b>Objective(s)</b>
<b>Resources Needed</b>
<b>Assessment Method</b>
<b>Results-</b>

**IV. LEADERSHIP**

<b>GOAL/ACHIEVEMENT</b>
<b>Objective(s)</b>
<b>Resources Needed</b>
<b>Assessment Method</b>
<b>Results-</b>

Faculty's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. Chair/Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

# PERFORMANCE IMPROVEMENT PLAN (PIP) FORM

## FOR FACULTY EVALUATION

Faculty's Name: \_\_\_\_\_

Academic Year: \_\_\_\_\_

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

1. Supervisor's identification of the area(s) needing improvement:

- Teaching and Direct Instructional Activities
- Service to Students, Department, Division, or College
- Professional Development/Leadership

Please describe in detail the area(s) needing improvement and how they should be addressed: (Attach the documentation)

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2. Timeline for addressing area(s) needing improvement:

- One semester
- Two semesters
- Other: \_\_\_\_\_

3. Faculty's plan for addressing the area(s) needing improvement:

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4. Supervisor's assessment of the completion of the performance improvement plan at the end of the timeline:

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Comments:

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I have met the faculty member and discussed their performance improvement plan.

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have met with the Supervisor and discussed my performance improvement plan.

Faculty member Signature: \_\_\_\_\_

Date: \_\_\_\_\_