

BCGEU INSTRUCTOR APPRAISAL FORM

BC GOVERNMENT AND SERVICE EMPLOYEES' UNION



Employee Name:	Department:	Evaluator:
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Period of Completed Evaluation:

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- Probationary Appraisal
 - Instructor Appraisal (Every 3 years)

The process for this form is as follows:

INSTRUCTOR

1. Completes Form A in preparation for discussion with Chair.
2. Provides to the Chair a lesson plan (for the class being observed by Chair), course outlines, grading documents, and a few examples of assessments (including marking criteria, e.g. rubrics, checklists).

SCHOOL CHAIR

1. Observes one class, and completes Form B.
2. Completes Form C, and Form D.

SCHOOL CHAIR AND INSTRUCTOR

1. Meet to discuss the Chair's Appraisal and the Instructor's Self-Reflection.
2. Complete Instructor Form E and both sign.

BCGEU INSTRUCTOR SELF-REFLECTION FORM

**BC GOVERNMENT
AND SERVICE
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FORM A

INSTRUCTOR: PLEASE COMPLETE THESE QUESTIONS IN PREPARATION FOR YOUR DISCUSSION WITH YOUR CHAIR

What feedback from your students has caused you to change your teaching and why?

What three pieces of advice from your peers observing you in your class have led you to make changes and why?

What continuing professional activities have you participated in over the last 3 years and how have they contributed to your professional growth? These may include additional courses or credentials, visiting other colleges, participating in campus or non-campus staff development activities, attending professional organizations and/or conferences, subscribing to professional journals, publishing or presenting papers, performing, exhibiting, and receiving professional recognition (awards, honours, etc.).

What other activities do you currently undertake at the college? Are there other ways you would like to get involved? They may include course and/or program development, revision of courses or “packaging” of courses for distance education, service on advisory or articulation committees, sponsorship of student organizations, organization and implementation of extracurricular student activities, and College or departmental administrative assignments.

What are your specific teaching goals for the next three years and how will you know you have achieved them?

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School:	Date of Observation:	Instructor:
School Chair:	Last Appraisal:	

FORM B

SCHOOL CHAIR REQUESTS OBSERVATION DATE AND LESSON PLAN. THEY OBSERVE THE INSTRUCTOR AND COMPLETE THE FOLLOWING FORM:

DNM = Does Not Meet

MS = Meets Some

M = Meets

E = Exceeds

FE = Far Exceeds

NA = Not Applicable

ACTIVITIES	DNM	MS	M	E	FE	NA
1. The Instructor delivered the outcomes in the lesson plan.						
COMMENTS:						
2. The Instructor showed interest in student learning.						
COMMENTS:						
3. The Instructor provided opportunities for students to apply their learning.						
COMMENTS:						
4. The Instructor provided opportunities for students to interact with others.						
COMMENTS:						
5. The Instructor provided suitable teaching strategies for achieving course outlines.						
COMMENTS:						
6. The Instructor was respectful, prepared and organized.						
COMMENTS:						

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FORM B
CONTINUED

ACTIVITIES	DNM	MS	M	E	FE	NA
7. The Instructor used class time effectively.						
COMMENTS:						
8. The Instructor communicated at a level appropriate to the abilities of students to understand.						
COMMENTS:						
9. The Instructor encouraged students to express their own ideas while acknowledging the ideas of other students.						
COMMENTS:						
10. The Instructor encouraged diversity and inclusion in the classroom.						
COMMENTS:						
11. The Instructor provided alternate learning strategies to meet the needs of different students.						
COMMENTS:						
12. Other observations:						
COMMENTS:						

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School:	Date of Observation:	Instructor:
School Chair:	Last Appraisal:	

FORM C
SCHOOL CHAIR TO REVIEW COURSE OUTLINES

DNM = Does Not Meet
MS = Meets Some
M = Meets

E = Exceeds
FE = Far Exceeds
NA = Not Applicable

ACTIVITIES	DNM	MS	M	E	FE	NA
1. Provides up-to-date course outlines conforming to College Policy 8100 (i.e. course outline template).						
COMMENTS:						
2. Ensures that course outcomes are appropriate to the needs of the students and aligns with the program outcomes.						
COMMENTS:						
3. Course outline clearly states means of assessment.						
COMMENTS:						
4. Reviews relevance and currency of learning materials annually.						
COMMENTS:						
5. Revises courses as necessary to meet advisory committee or industry standards or requirements.						
COMMENTS:						
6. The course outline is aligned with articulation.						
COMMENTS:						

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FORM D

TO BE COMPLETED DURING MEETING BETWEEN INSTRUCTOR AND SCHOOL CHAIR

Follow-up from previous Instructor Appraisal (3 years prior):

INSTRUCTIONAL DUTIES:

ACTIVITIES	DNM	MS	M	E	FE	NA
1. Keeps current and accurate records of student progress and attendance.						
COMMENTS:						
2. Has access to and utilizes a range of learning resources and equipment.						
COMMENTS:						
3. Performs routine administrative duties (grades, class list, bookstore orders, budget data, etc.) correctly and punctually.						
COMMENTS:						
4. Available to students during designated office hours.						
COMMENTS:						
5. Assumes their share of department responsibilities.						
COMMENTS:						
6. Participates in Selkirk College activities beyond instructional and departmental duties.						
COMMENTS:						

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FORM D *Continued*

INTERPERSONAL COMMUNICATIONS:

ACTIVITIES	DNM	MS	M	E	FE	NA
7. Works cooperatively and respectfully with other Selkirk College Staff.						
COMMENTS:						
8. Works cooperatively and respectfully with relevant outside agencies.						
COMMENTS:						
9. Works within College policies, procedures and Collective Agreements.						
COMMENTS:						
10. Contributes to a supportive environment in Selkirk College.						
COMMENTS:						
11. Consistently conducts all college activities in an ethical, fair and honest manner.						
COMMENTS:						
12. Communicates effectively, accurately and in a timely manner.						
COMMENTS:						

BCGEU INSTRUCTOR APPRAISAL

FORM E

TO BE COMPLETED DURING THE MEETING CONSIDERING STUDENT FEEDBACK AND CLASS OBSERVATION

I agree to share the information in Form E anonymously with Teaching and Learning Institute.

I do not agree to share the information in Form E with Teaching and Learning Institute.

Comment on most significant areas of strength:

Comment on opportunities for improvement:

- CHECK APPROPRIATE BOX:**
- | | |
|--|---|
| <input type="checkbox"/> Appraisal Satisfactory (3 Years) | <input type="checkbox"/> Probationary Appraisal Satisfactory |
| <input type="checkbox"/> Appraisal Unsatisfactory
• Action Plan to be developed
• Affix any other relevant details to document | <input type="checkbox"/> Probationary Appraisal Unsatisfactory
• Action Plan to be developed
• Affix any other relevant details to document |

Instructor response to appraisal:

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The Appraisal Forms C and D have been discussed with me.

I _____ (employee name) agree with the attached appraisal. _____ (signature)

I _____ (employee name) disagree with the attached appraisal. _____ (signature)

Employee Name

Date

Signature

School Chair / Department Head

Date

Signature

Dean

Date

Signature