

# COMPREHENSIVE EVALUATION FORM FOR SCFA INSTRUCTORS

**COMPLETED BY APPROPRIATE SUPERVISOR**

# SELKIRK COLLEGE FACULTY ASSOCIATION



This form will normally be completed at the end of the first year for short-term employees and regular employees in their first (probationary) year. If the results are satisfactory, it will be used every five years thereafter in accordance with Article 7.8.2 of the SCFA Collective Agreement, for regular employees. It may also be completed, in accordance with Article 7.7, at the request of the Dean/Department Head or the employee. For each category below please comment on areas of strength and/or areas that may need improvement.

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

## BRIEF OVERVIEW OF INSTRUCTIONAL DUTIES:

## DUTIES AND RESPONSIBILITIES:

## GENERAL EXPECTATIONS:

COMPREHENSIVE  
EVALUATION FORM  
FOR SCFA INSTRUCTORS  
COMPLETED BY APPROPRIATE SUPERVISOR

**SELKIRK COLLEGE  
FACULTY ASSOCIATION**



OTHER SERVICE TO COLLEGE:

PROFESSIONAL DEVELOPMENT:

EVALUATION SUMMARY:

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**CONTINUOUS EMPLOYEES**

- CHECK APPROPRIATE BOX:  Evaluation satisfactory  Evaluation satisfactory and further action is required. Details attached
- Evaluation unsatisfactory and at least one of the following is required. Details attached.
- action plan
  - probation recommended

**FIRST YEAR EMPLOYEES**

- CHECK APPROPRIATE BOX:  Evaluation satisfactory
- Evaluation unsatisfactory – no further offer of employment

\_\_\_\_\_  
School Chair / Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**EMPLOYEE RESPONSE TO EVALUATION:**

.....  
The evaluation has been discussed with me.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School Chair / Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature