



NORFOLK STATE UNIVERSITY

Teaching Faculty Evaluation Summary Forms

Faculty Name: _____ ID Number: _____

Department: _____

College/School: _____

Rank: _____ Tenure: Yes _____ No _____

Date Began Service: _____

Today's Date: _____

TABLE 1: Composite Role Rating for Teaching

Teaching	Students	Peers	Department Head	Weighted Ratings
Instructional Delivery Skills	30% X []			
Instructional Design Skills	10% X []	20% X []	10% X []	
Content Expertise		20% X []	5% X []	
Course Management			5% X []	
COMPOSITE ROLE RATING (CRR) FOR TEACHING				

TABLE 2: Category Weights

Category	Minimum Weights	Department’s Discretionary Weight	Faculty’s Discretionary Weight	Faculty’s Category Weights (Without Release-time)
Teaching	40%			
Scholarly Activity	15%			
Service and Professional Development	20%			

TABLE 3: Distribution Weights with Release-Time

Category	Faculty's Category Weights (without Release-Time)	Release-Time	Final Distribution Weights (with Release-time)
Teaching			
Scholarly Activity			
Service and Professional Development			

TABLE 4: Final Evaluation Rating Computation

Category	Final Distributions	Composite Role Rating	Weighted Rating
Teaching			
Scholarly Activity			
Service and Professional Development			
Evaluation Rating			

Comments by Department Chair and Peers (Committee):

Signature below acknowledges that the Teaching Faculty Evaluation Instrument has been completed as of the date indicated.

_____	_____	_____
<i>Signature (Department Chair)</i>	<i>Title</i>	<i>Date</i>

_____	_____	_____
<i>Signature (Committee)</i>	<i>Title</i>	<i>Date</i>

_____	_____	_____
<i>Signature (Committee)</i>	<i>Title</i>	<i>Date</i>

_____	_____	_____
<i>Signature (Committee)</i>	<i>Title</i>	<i>Date</i>

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<i>Signature (Faculty)</i>	<i>Title</i>	<i>Date</i>

Comments by Faculty Member:

Signature below acknowledges that the Department Chair and a representative from my Peers (Committee) have reviewed this completed Teaching Faculty Evaluation as of the date indicated.

_____	_____	_____
<i>Signature (Faculty)</i>	<i>Title</i>	<i>Date</i>