

**OCCC  
Faculty Performance Appraisal  
Review Form**

**Faculty Job Description Requirements: Answer Yes, No, or NA (not applicable). Explain any No or NA responses. Attach support if needed.**

**PRIMARY RESPONSIBILITY:**

\_\_\_\_\_ 1. Provided quality instruction.

**SECONDARY RESPONSIBILITIES:**

- \_\_\_\_\_ 2. Maintained posted office hours.
- \_\_\_\_\_ 3. Served as an academic advisor.
- \_\_\_\_\_ 4. Managed program and course curricula by helping select textbooks.
- \_\_\_\_\_ 5. Maintained a flexible schedule to meet program and department needs.
- \_\_\_\_\_ 6. Contributed to developing, implementing, and evaluating approved academic programs and developing new academic programs to meet community needs.
- \_\_\_\_\_ 7. Fulfilled course, program, and department goals and objectives.
- \_\_\_\_\_ 8. Participated in the assessment of student learning outcomes for the program and/or department.
- \_\_\_\_\_ 9. Responded in a timely fashion to information requests from program, division, and college administrators.
- \_\_\_\_\_ 10. Attended department, division, and college meetings.
- \_\_\_\_\_ 11. Acquired new knowledge and skills as appropriate for academic discipline.
- \_\_\_\_\_ 12. Maintained license or professional certification specific to program requirements.
- \_\_\_\_\_ 13. Developed and implemented a professional development plan.
- \_\_\_\_\_ 14. Participated in on-campus staff development opportunities.
- \_\_\_\_\_ 15. Participated in mutually agreed upon committees.
- \_\_\_\_\_ 16. Satisfied objectives for mutually agreed upon special assignments.
- \_\_\_\_\_ 17. Participated in faculty-related activities that attract and retain students.
- \_\_\_\_\_ 18. Supported the college's vision, mission, goals, and priorities.
- \_\_\_\_\_ 19. Abided by the policies and procedures published in the Board of Regents' Policies and Administrative Procedures Manual.

Dean's, Department Director's, or Program Director's Signature:

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

Professor's Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Professor's signature indicates that this review form has been discussed with the professor and does not imply agreement with the conclusions.