SAGE University, Bhopal
Standard Operating Procedure
Faculty Training and Faculty Progression Index

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"A Training and development activity for staff members doesn't simply help their growth but pushes the organization to grow as well."

1. Purpose

Purpose of organizing Faculty development programs for the academic members of any University is to improve the work performance of Teachers.

These Training programs are conducted for enhancing the knowledge/skill sets and for motivating the staff members for improving their job performance. Conduction of staff training or development program is majorly the responsibility of HR department of University. However, HR department may collaborate with other concern departments such as IQAC, R&D and CRC for organization as per need and purpose of training.

2. Faculty Development Programs

Now, in this new era of developed technologies, in a modern University several activities other than teaching are running simultaneously. Presently University staff is handling research, administration and branding with teaching/academic responsibilities. So, Training programs are important for them to enhance these skills. Interactive sessions are needed to help them to learn advance techniques and to improve the performance.

Faculty Development Program is a process by which a faculty member intends to improve in the

- Teaching
- Instructional Design and Curriculum Development
- Scholarly Activity including writing conducting research, presenting at conferences, etc.
- Personal and Professional Development

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3. **Training/ Development Programs in SAGE University, Bhopal**

   "Any University with a proper training and development programs will retain more good Faulty members"

   HR Department of SAGE University, Bhopal in coordination with IQAC and R&D Cell regularly organizes several training/development Programs under Faculty Progression Index in the form of SAGE Grooming Program (Academic/ Professional/ R&D/ Branding Modules), IFDPs, Interactive sessions by eminent Management Gurus, Spiritual Gurus and other experts from IITs, NITs, NITTTRs, NCERT, reputed academic institutions, organizations and by senior members of SAGE Group as per need. These types of programs are needed for achieving the personal as well as organizational goals.
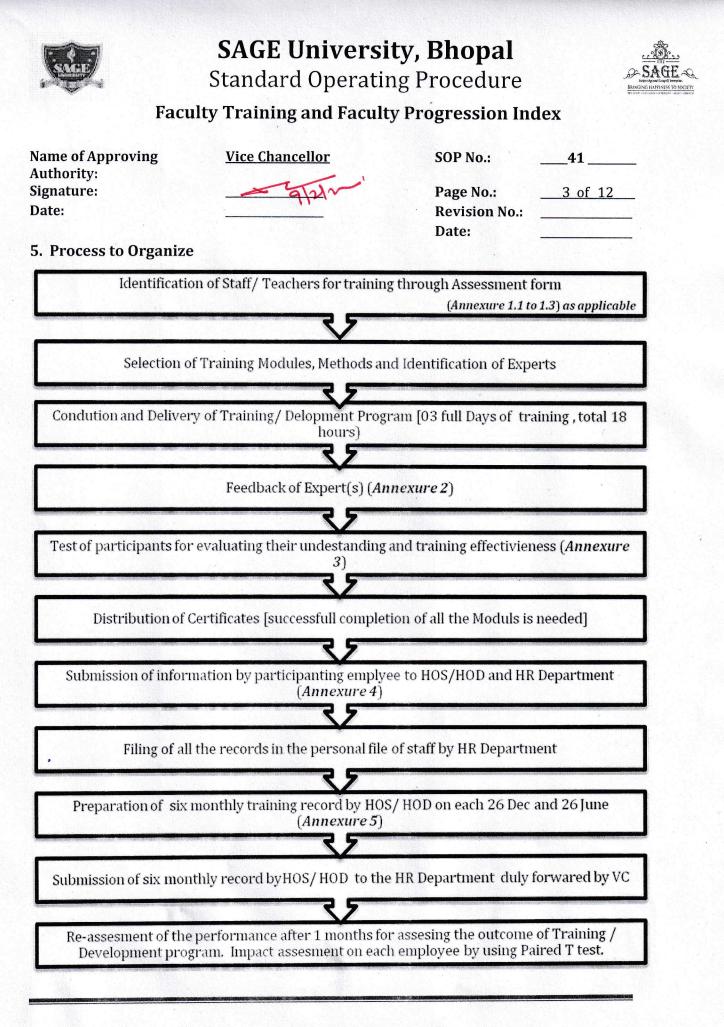
4. **Identification of Staff/ Teachers for Training Need**

   Identification of Staff or Faculty members will be based on Assessment form **(Annexure 1)**, which shall be filled two times a year and on the basis of that the training needs shall be assessed by the Head of department. It is also, based on informal/ formal students feedbacks and time to time assessment by HOD/HOS/Dean.

   This Identification is based on their performance in the following sections –

   a. Academics achievements
   b. R&D/ Consultancy achievements
   c. Departmental Development/ Liaison with Professional World
   d. Personal & Professional Developments

   The above skills/ expertise is the basic requirement to serve in SAGE University, Bhopal. So, name of all the newly joined faculty members are also included in the list.
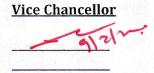
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5. Process to Organize

Identification of Staff/ Teachers for training through Assessment form
(Annexure 1.1 to 1.3) as applicable

↓

Selection of Training Modules, Methods and Identification of Experts

↓

Condution and Delivery of Training/ Delopment Program [03 full Days of training , total 18 hours)

↓

Feedback of Expert(s) (*Annexure 2*)

↓

Test of participants for evaluating their undestanding and training effectivieness (*Annexure 3*)

↓

Distribution of Certificates [successfull completion of all the Moduls is needed]

↓

Submission of information by participanting emplyee to HOS/HOD and HR Department (*Annexure 4*)

↓

Filing of all the records in the personal file of staff by HR Department

↓

Preparation of six monthly training record by HOS/ HOD on each 26 Dec and 26 June (*Annexure 5*)

↓

Submission of six monthly record by HOS/ HOD to the HR Department duly forwarded by VC

↓

Re-assesment of the performance after 1 months for assesing the outcome of Training / Development program. Impact assesment on each employee by using Paired T test.

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6. Minimum Marks to be obtained by faculty members

S. No	Sections	Max Marks	Minimum Marks to be obtained		
			Asst Prof	Assoc Prof	Prof
1	Academics	50	30	35	40
2	Research and Development	50	30	35	40
3	Personal & Professional	50	30	35	40

Any faculty member who obtains less than minimum marks in any of the above section would be given training for improvement.

7. Impact assessment of training

(To be analyzed by HOD/HOS/ Dean of each faculty member of their School) and to submitted within one month after training as per **Annexure –6**

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Assessment of Teacher by HOD/HOS/Dean for Identification of Training Need in Academics

Name of Teacher		Qualification	
Designation		Teaching Experience	
School		Date of Joining	
Department		Date of Assessment	

(Max Marks-50)

 # Rate each activity on a scale of 1 to 5, where 1-Highly Dissatisfied, 2-Dissatisfied, 3-Neutral, 4-Satisfied, 5-Highly Satisfied

S. No.	Activity	Grading					Remarks
		1	2	3	4	5	
1	Proper Maintenance of Teaching Diary/ Course File						
2	Maintenance of Mentor-Mentee Record						
3	Punctuality in class						
4	Communication skills						
5	Involvement in PBL/Experiential Learning/Projects						
6	Quality of Teaching Notes/ PPTs/ Assignments						
7	Quality of internal exam question papers and its evaluation						
8	Conduction of expert talks, industry interaction and other curricular activities for students						
9	Identification of Slow and Advance Learners						
10	Knowledge of Outcome Based Education						
	Total						

(If Score is less than Minimum value as per Section 6, Page-4 then training is required)

Training Required (Y/N)

(HOD/HOS/Dean)

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Assessment of Teacher by HOD/HOS/Dean for Identification of Training Need in Research and Development

Name of Teacher		Qualification	
Designation		Teaching Experience	
School		Date of Joining	
Department		Date of Assessment	

(Max Marks-50)

\# *Rate each activity on a scale of 1 to 5, where 1-Highly Dissatisfied, 2-Dissatisfied, 3-Neutral, 4-Satisfied, 5-Highly Satisfied*

S. No.	Activity	Grading					Remarks
		1	2	3	4	5	
1	Publication of Quality Research Papers						
2	Publication of Books/ Book Chapters						
3	Book/ Article Review						
4	Sponsored Research Projects						
5	Supervision of PhD/ PG Dissertations						
6	Patents/ Copyright						
7	Activities under Professional Bodies/ MOUs						
8	Scientific Conferences/Workshops/Seminars (Organized/Attended)						
9	Industrial/Academic Consultancy						
10	Invited Talk/ Expert Lecture						
	Total						

(If Score is less than Minimum value as per Section 6, Page-4 then training is required)

Training Required (Y/N)

(HOD/HOS/Dean)

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Assessment of Teacher by HOD/HOS/Dean for Identification of Training Need in Personal & Professional Expertise

Name of Teacher		Qualification	
Designation		Teaching Experience	
School		Date of Joining	
Department		Date of Assessment	

(Max Marks-50)

Rate each activity on a scale of 1 to 5, where 1-Highly Dissatisfied, 2-Dissatisfied, 3-Neutral, 4-Satisfied, 5-Highly Satisfied

S. No.	Activity	Grading					Remarks
		1	2	3	4	5	
1	Decisiveness						
2	Honesty /(Integrity)						
3	Dedication/Commitment						
4	Resourcefulness						
5	Interpersonal Relation						
6	Leadership Qualities						
7	Adaptability						
8	Fairness						
9	Dressing Sense						
10	Punctuality						
	Total						

(If Score is less than Minimum value as per Section 6, Page-4 then training is required)

Training Required (Y/N)

(HOD/HOS/Dean)

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Feedback of Training Effectiveness

Name of the Participant_____ School/ Department_____

Date _____ Time _____

Speaker _____

Topic: _____

Instructions: Please indicate your level of agreement with the statements listed below in #1-10.

S. No	Statements	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
1	The objectives of the training were clearly defined.					
2	Participation and interaction were encouraged					
3	The topics covered were relevant to me					
4	The content was organized and easy to follow					
5	This training experience will be useful in my work					
6	The trainer was knowledgeable about the training topics					
7	The trainer was well prepared					
8	The training objectives were met					
9	The time allotted for the training was sufficient					
10	Overall delivery of the talk was useful					

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Sample Test Paper

(To be given to all participants at the end of each session. There must be 5 MCQs based on topic covered, the evaluation to be done on Google sheet. The questions must be given by expert at-least 2 days in advance to the coordinators)

Participant Name _____

School   _____

Mail id _____ Contact no _____

Topic: _____

Date: _____ Expert: _____

1. **Which of the following is the initial step/stage of experiential learning?**
   a) Generalizing
   b) Experiencing
   c) Processing
   d) Publishing
2. **Which one is not a step in experimental learning?**
   a) Sensing the problem
   b) Defining the problem
   c) Drawing conclusion
   d) Construction of knowledge
3. **New knowledge is constructed through**
   a) Transmission of knowledge
   b) Memorization
   c) Experience and searching new meanings
   d) None of the above
4. **Learning in children occurs through**
   a) Memorizing the knowledge
   b) Reading the textbook
   c) Transmission of knowledge by the teacher
   d) Doing activity
5. **Experiencing learning is the process of making meaning from**
   a) Direct experience
   b) Indirect experience
   c) Past experience
   d) Future experience

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Details of Training Programs attended by Faculty members/Staff in one semester

(To be submitted to HOD/HOS/Dean)

Name of the Participant_____

School/Department_____

Date(s)	Topic	Expert	Venue

Name and Signature of Faculty Member

Signature with Date of HOD/HOS/Dean

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HOS/ HOD Report

Semester wise Record of Faculty/Staff Members attended Training/

Development Programs

Name of School/ Department _____

Month and Year _____

Training Module: Academic /R & D / Personal & Professional

Name of staff	Designation	Training Program attended			Name of Expert	
		Topic/ Title	Venue (SUB/ Other)	Dates		
XYZ						
UVW						

Name and Signature of HOD/HOS/Dean

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Training Effectiveness Assessment Matrix

Name of School _____

Nature of Training Provided: Academics/ Research and Development/ Personal &

Professional Development (Please Tick)

Date(s) of Training_____

Performance of Trainee	Faculty 1	Faculty 2	Faculty 3	Faculty 4	---	Faculty N
Before Training						
After Training						
T Value Cal						
T Value Tab						
Significant * (Y/N)						

* Overall training is effective & Significant for this group if **T Value Cal < T Value Tab** (5% level of Significance).

In case of individual faculty, if he /she has not reached to minimum level (as per Section 6, Page-4), then again training to be recommended.

Name and Signature of HOD/HOS/Dean