

**Full-time Faculty Evaluation Team Report
(Article 17 – Evaluations)**

Semester: _____ Academic Year: _____

Name: _____ Title: _____

Department: _____ Division: _____

Division Supervisor: _____

Faculty Status (check one): Regular (Tenured) Probationary (tenure track) Temporary

If probationary, check one: 1st year 2nd year 3rd year 4th year

If Temporary, check one: 1st year 2nd year 3rd year 4th year over 4 years

Evaluation Type and Cycle (17.6) (check one):

Probationary faculty (tenure track) 1st 3rd 5th 7th semester

Regular Faculty (Tenured) triennial

Temporary Faculty 1st 3rd 5th 7th semester

Triennial Off-cycle (indicate reason): _____

Evaluation Team Members (17.9):

Supervisor: _____

Faculty member (Supervisor designee): _____

Faculty member (Faculty designee): _____

Evaluation process (17.10) used in this evaluation:

SGID (required for probationary/temporary faculty; optional for regular faculty) (attach results)

Classroom/worksite observation (required for probationary/temporary faculty and first-time Distance Learning) (attach results)

Self-evaluation Form (required for probationary/temporary faculty) (attach)

Student/Parent Feedback Forms (attach results summary)

Colleague Feedback form (attach results summary)

The following section summarizes the assessment of the faculty member's performance in their primary assignment based on the input collected only during the evaluations process.

Assess the following areas based on the information gathered only from the evaluation process.

Comments are encouraged; however, the selection of "Does Not Meet Standards" requires explanation.	Meets Standards	Does not meet standards	Not observed	Not applicable to assignment
Section 1: COMPETENCY (17.3.1)				
1. Knowledge of teaching field or assignment				
2. Effective communication with students				
3. Performance techniques				
4. Organization skills				
5. Use appropriate materials related to assignment				
6. Incorporation of appropriate student assessment methods				
7. Use of the district's course management system (required for Distance Learning courses)				
Section 1 narrative comments are encouraged; however, the selection of "Does Not Meet Standards" requires explanation.				
Section 2: STUDENTS (17.3.2)				
1. Objectivity and fairness in the evaluation and discussion of student work				
2. Maintenance of contractual obligations to hold regular and timely office hours.				
3. Respect for the rights and responsibilities of students as expressed in official college policies				
4. Appropriate record keeping and reporting				
Section 2 narrative comments are encouraged; however, the selection of "Does Not Meet Standards" requires explanation.				

	Meets Standards	Does not meet standards	Not observed	Not applicable to assignment
Section 3: COLLEAGUES (17.3.3)				
1. Acknowledging and defending the free inquiry of their associates in the exchange of ideas				
2. Acknowledging academic debts (crediting sources to avoid plagiarism)				
3. Acting in accordance with the ethics of the profession and with a sense of personal integrity				
4. Establishing and maintaining cooperative working relationships among faculty, administrators, and staff				
Section 3 narrative comments are encouraged; however, the selection of "Does Not Meet Standards" requires explanation.				
Section 4: PROFESSIONAL GROWTH (17.3.4)				
1. Maintained 36 hours of professional development per Article 16 of the contract.				
Section 4 narrative comments are encouraged; however, the selection of "Does Not Meet Standards" requires explanation.				
Section 5: COLLEGE SERVICE (17.3.4.2)				
1. Meets Professional Responsibilities average 2 hours per week per Article 16 of the contract.				
Section 5 narrative comments are encouraged; however, the selection of "Does Not Meet Standards" requires explanation.				

Evaluation Team's Final Assessment

Evaluation team's assessment of whether the faculty member meets the criteria in 17.3 of the contractual agreement.

Satisfactory

Evaluation Team Recommendation

- Regular faculty: No further action.
- Probationary faculty (first three years): Rehire.
- Probationary faculty (fourth year): Award tenure.
- Unsatisfactory (explain significant findings leading to this recommendation) (see attached)

Evaluation Team Recommendation

- Regular faculty:
 - Off-cycle evaluation to be conducted
 - Recommended goals for improvement to be completed by (see attached):
 - Recommended training to be completed by (see attached):

- Probationary faculty:
 - Off-cycle evaluation to be conducted
 - Recommended training to be completed by (see attached):
 - Recommended mentoring to be completed by (see attached):
 - Recommended not to rehire.
 - Recommended not to award tenure.

Evaluation Team Signatures

Faculty team member: _____ Date _____
 Agree Disagree (requires reason(s) in an attached statement)

Faculty team member: _____ Date _____
 Agree Disagree (requires reason(s) in an attached statement)

Supervisor: _____ Date _____
 Agree Disagree (requires reason(s) in an attached statement)

Acknowledgement Statement

I have read this report and have had the opportunity to discuss it with all the evaluation team members. My signature indicates receipt of the evaluation report and not necessarily agreement with the evaluation. I am aware I have the right to discuss this evaluation with my vice-president, if I so desire, and may submit a written response to the evaluation within eight (8) working days after receipt of the report.

Signature of Faculty Member

Date

Vice-president review and recommendation

I have reviewed the evaluation and recommend the following for the faculty member:

Continue employment pursuant to terms and conditions of their appropriate status.

Continue employment under the following condition(s):

An off-cycle evaluation to be conducted: _____

Specified goals to be completed by (see attached): _____

Specified training to be completed by (see attached): _

Specified mentoring to be completed by (see attached):

Award tenure.

Deny tenure.

Appropriate Vice President

Date

Original to Faculty Member Personnel File in Human Resources

Copy to Faculty Member

Faculty Self-Evaluation Form (Article 17 Evaluations)

Name: _____

Academic Year and Semester: _____

Supervisor: _____

Instructions: Refer to Article 17 of the Agreement (contract) between the District and the Faculty Association to complete this self-evaluation form. Complete this form and submit it to the evaluation team by the date indicated in your evaluation timeline as provided during your initial meeting. This form does not include evaluation of reassignments.

Faculty Status (check one):

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Probationary (Tenure Track) | | | | |
| Check one: | <input type="checkbox"/> 1 st | <input type="checkbox"/> 3 rd | <input type="checkbox"/> 5 th | <input type="checkbox"/> 7 th semester |
| <input type="checkbox"/> Temporary | | | | |
| Check one: | <input type="checkbox"/> 1 st | <input type="checkbox"/> 3 rd | <input type="checkbox"/> 5 th | <input type="checkbox"/> 7 th semester |
| | <input type="checkbox"/> Over 4 years | | | |

Section 1: List all duties related to your primary assignment since your last evaluation (*You may provide an attachment*)

Section 2: Is your current assignment typical of your previous assignments since your last evaluation? If not, please explain.

Section 3: Criteria and Expectations

Please provide a brief description of how you believe you have met the following contractual evaluation areas. Provide at least one example. You may attach examples and indicate a reference to it (i.e., see attached course syllabus; or see attached student planning sheet, etc.). Indicate N/A if an area does not apply to your assignment.

COMPETENCY (17.3.1)	
a.	Knowledge of teaching field or assignment
b.	Effective communication with students
c.	Teaching, counseling, or other service techniques
d.	Organization skills
e.	Use of appropriate materials related to your assignment
f.	Incorporation of appropriate student assessment methods in your assignment

g. Use of district course management system for DL

STUDENTS (17.3.2)

a. Objectivity and fairness in the evaluation and discussion of student work.

b. Maintenance of contractual obligations to hold regular and timely office hours.

c. Respect for the rights and responsibilities of students as expressed in official college policies.

d. Appropriate record keeping and reporting.

COLLEAGUES (17.3.3)

a. Acknowledging and defending the free inquiry of their associates in the exchange of ideas.

b. Acknowledging academic debts (crediting sources to avoid plagiarism).

c. Acting in accordance with the ethics of the profession and with a sense of personal integrity.

d. Establishing and maintaining cooperative working relationships among faculty, administrators, and staff.

PROFESSIONAL DEVELOPMENT (17.3.4)

a. Maintained 36 hours of professional development per Article 16.

Attach a summary of the hours. If you did not maintain 36 hours annually, explain why:

COLLEGE SERVICE (17.3.4.2)

a. Indicate how you satisfied the requirements of Article 17.3.4.2:

Section 4: Comments

You may use this section to explain answers or provide comments you feel will assist the team in reviewing your evaluation.

Section 5: Working Climate Survey

While not mandatory or part of your evaluation, it will be helpful for the district if you please complete the following survey:

A. Very Satisfied B. Somewhat Satisfied C. Somewhat Dissatisfied D. Very Dissatisfied

How satisfied are you with:

- | | | | | |
|--|------------------------------------|-------------------------|-------------------------|-------------------------|
| 1. Your level of performance in your assignments. | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 2. The level and quality of clerical support you receive. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 3. The level and quality of technical support you receive. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 4. The adequacy and quality of facilities. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 5. The quantity and quality of equipment and technology. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 6. The level and quality of department level support. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 7. The level and quality of administrative support. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 8. Overall satisfaction. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |

Section 5: Comments

You may use this section to explain answers or provide comments.

Classroom/Worksite Observation Form

(Section 17.11.1: Classroom/worksite observations are required for all probationary faculty. They are only required for tenured faculty who have never been observed providing instruction or service in the distance learning modality.)

Instructions: The focus during the observation is to describe events and collect data to be used in the evaluation.

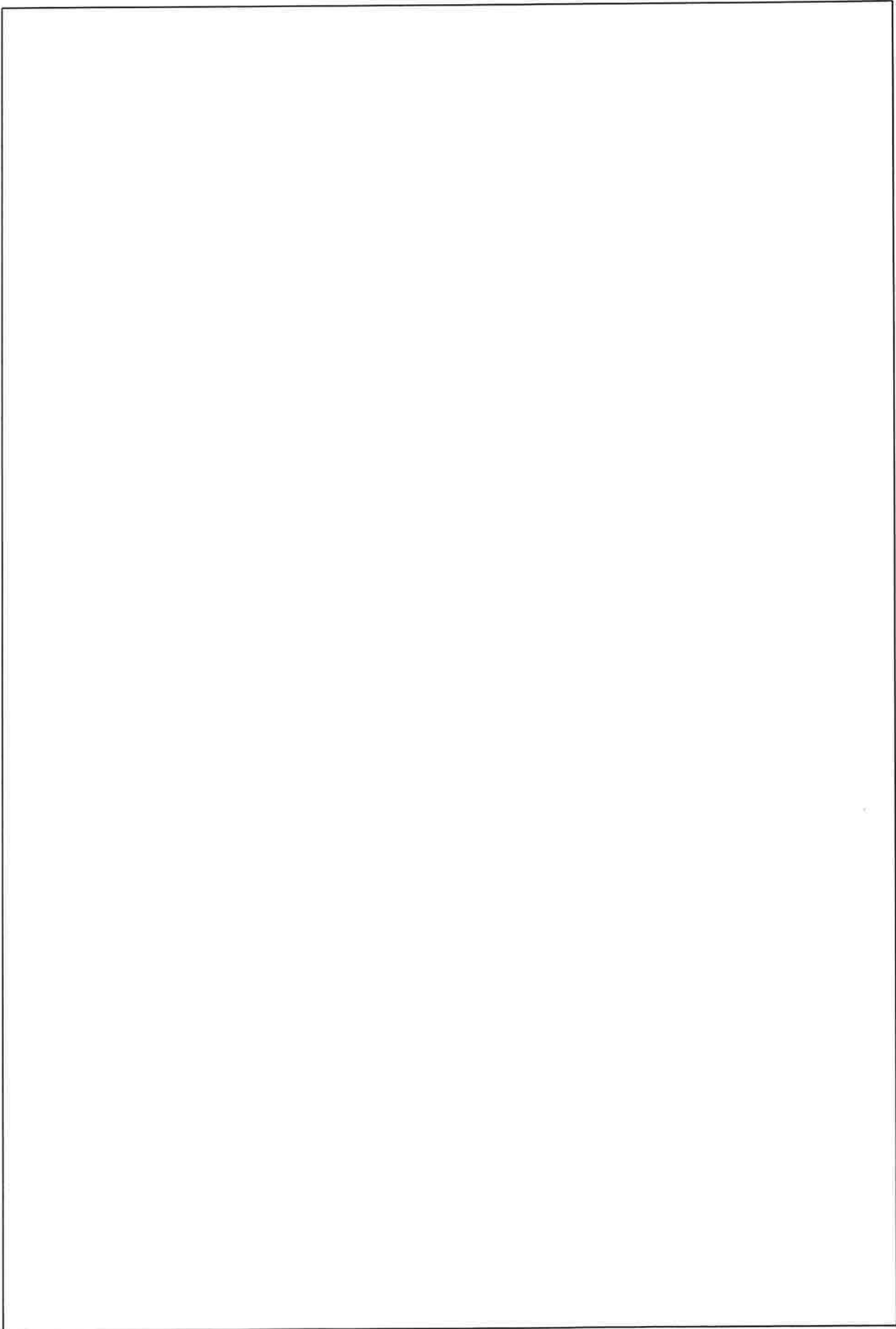
Observation for: _____
(Name of faculty member being evaluated)

Observer: _____
(Name of team member conducting observation)

Date of Observation: _____ **Time:** _____

Course Prefix and Title or Type of Activity Observed: _____

Summary: Provide a brief documentation, without subjective commentary, of the activity being observed. You may include a chronology of the specific topics covered. Please indicate the number and the classifications (e.g., students, staff, faculty, physicians, nurses, patients) of people in attendance.



Please answer the following. Comments are encouraged; however, the selection of NEEDS IMPROVEMENTS or DISAGREE require explanation:

1. **Knowledge:** The faculty member is knowledgeable of the subject matter.
 Agree Needs Improvement Disagree Unable to Evaluate

Comments:

2. **Communication:** The faculty member provides clear and effective communication with students.
 Agree Needs Improvement Disagree Unable to Evaluate

Comments:

3. **Performance:** The faculty member utilizes appropriate techniques and materials in the performance of their assignment.
 Agree Needs Improvement Disagree Unable to Evaluate

Comments:

4. **Organizational skills:** The faculty member is organized.
 Agree Needs Improvement Disagree Unable to Evaluate

Comments:

5. **Respect for students/clients:** The faculty member demonstrates respect for the rights and responsibilities of students/clients as expressed in official college policies.
 Agree Needs Improvement Disagree Unable to Evaluate

Comments:

6. **Evaluation Measurements:** The faculty member uses appropriate student assessment methods.
 Agree Needs Improvement Disagree Unable to Evaluate

Comments:

7. **Use of technology:** The faculty member uses the District course management system for fully online or hybrid course sections.
 Agree Needs Improvement Disagree Unable to Evaluate

Comments:

Observer's Signature

Date

Response from faculty member being evaluated (optional)

Faculty's Member's Signature

Date

Student Feedback on Instruction
(Class Climate Survey)

Purpose: Your thoughtful responses to the following items will help improve instruction. Your cooperation in completing this form is appreciated.

Process: This feedback will be provided anonymously. Do not put your name on the answer sheet. The instructor will see the written responses only after final grades have been submitted.

Directions: Choose the answer that best describes your response to the following statements. If an item does not apply to a particular course, subject, or instructor, choose option E (No Opinion).

A. Strongly Agree B. Agree C. Disagree D. Strongly Disagree E. No Opinion

1. The instructor demonstrates knowledge of the course subject.
2. The instructor uses appropriate materials in this course.
3. The instructor's written and verbal explanations are clear.
4. The instructor's techniques are interesting and thought-provoking.
5. The instructor seems organized.
6. The instructor makes regular attempts to communicate with me.
7. The instructor has communicated what is expected of me to succeed in this course.
8. The instructor grades my work fairly and objectively.
9. The instructor is available during their office hour.
10. The instructor is respectful of students.
11. The instructor keeps records of my grades and makes them reasonably available to me.
12. My instructor allows for my participation in discussions or activities.
13. I think this instructor is an effective teacher.

Comments related to the above questions are encouraged.

Student Feedback on Service
(Class Climate Survey)

Purpose: Your thoughtful responses to the following items will help improve services. Your cooperation in completing this form is appreciated.

Process: This feedback will be provided anonymously. Do not put your name on the answer sheet.

Please check the appropriate box of the service faculty member that assisted you:

Counselor Academic Specialist Nurse Librarian

Directions: Choose the answer that best describes your response to the following statements. If an item does not apply to this particular faculty member, choose option E (No Opinion).

A. Strongly Agree B. Agree C. Disagree D. Strongly Disagree E. No Opinion

1. The faculty member demonstrates knowledge of their service assignment while assisting me.
2. The faculty member answered my questions clearly.
3. The faculty member performed their service to my satisfaction.
4. The faculty member seemed organized.
5. The faculty member provided me with appropriate materials that were helpful.
6. The faculty member appropriately assessed my needs.
7. The faculty member treated me with respect.
8. I think this faculty member is effective in their service assignment.

Comments related to the above questions are encouraged.