

EVALUATION SUMMARY

TENURED FACULTY

College: _____ Division: _____
Academic year of evaluation: _____ Semester: _____
Name of evaluatee: _____

Type of Evaluation: _____ (Standard, Comprehensive, Follow-Up)

PART I: (to be completed by the Evaluation Committee/Evaluator(s))

The Evaluation Committee/Evaluator(s) for the _____ Division has reviewed all evaluation materials and, after careful consideration, rates the professional performance of the evaluatee as:

Exceeds expectations

Meets expectations

Needs improvement (Performance improvement plan required. See performance improvement plan form.)

Unsatisfactory (Performance improvement plan required. See performance improvement plan form.)

The Evaluation Committee makes the following commendations, recommendations, and/or comments to the evaluatee (attach additional sheets if necessary):

I/we have met with the evaluatee and discussed the contents of the evaluatee's classroom observation, student evaluations, portfolio review, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports (Comprehensive) OR student evaluations, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports (Standard).

Signature _____ Date _____
Evaluator(s)

Signature _____ Date _____
Evaluator(s)

PART II: (to be completed by the Evaluatee)

COMMENTS: (attach additional sheets if necessary)

"

I have met with the evaluator and discussed the contents of my classroom observation, student evaluations, portfolio review, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports (Comprehensive) OR student evaluations, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports (Standard).

Signature: _____ Date: _____
Evaluatee

PART III: (to be completed by the Vice-President or designee)

This Evaluation Summary has been received and reviewed for completeness. Copies have been forwarded to the evaluatee and Responsible Administrator. The original has been forwarded to the Vice Chancellor - Human Resources & Employee Relations for placement in the evaluatee's personnel file.

The next evaluation should take place in _____, and should be _____.
(Standard, Comprehensive, Follow-Up)

Signature: _____ Date: _____
Vice President

EVALUATION SUMMARY

TENURE-TRACK ONLINE, CLASSROOM,
AND NON-CLASSROOM FACULTY

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____

PART I: (to be completed by the Tenure Review Committee)

This faculty member has been evaluated according to District policies in the following ways:

Classroom/Online Faculty:	Non-Classroom Faculty
_____ Classroom/Online Observation	_____ Observation
_____ Student Questionnaire	_____ Faculty Portfolio
_____ Faculty Portfolio	_____ Mandatory Self-assessment
_____ Mandatory Self-Assessment	_____ Dean/Responsible Administrator Assessment
_____ Division Dean/Responsible Administrator Assessment	

Based upon the above-stated sources, which are documented and on file in the Division office,
_____ receives a recommendation of:
(faculty member)

Exceeds Expectations
Recommended for Contract II
Recommended for Contract III
Recommended for Tenure

Meets Expectations
Recommended for Contract II
Recommended for Contract III
Recommended for Tenure

Needs Improvement (Performance improvement plan required. See performance improvement plan form.)
Recommended for Contract II
Recommended for Contract III
Recommended for Tenure

Unsatisfactory (See attached reasons for this recommendation.)
Recommended for non-rehiring

The Tenure Review Committee makes the following commendations, recommendations, and/or comments to the evaluatee (attach additional sheets if necessary):

We have met with the evaluatee and discussed the contents of the evaluatee's classroom observation, student evaluations, portfolio review, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports.

_____	(Chair)	Date _____
_____		Date _____
_____		Date _____
_____		Date _____
_____		Date _____

PART II: (to be completed by the Evaluatee):

COMMENTS: (attach additional sheets if necessary)

I have met with the Tenure Review Committee and discussed the contents of my classroom observation, student evaluations, portfolio review, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports.

In signing this Evaluation Recommendation Form, the employee acknowledges having seen and discussed the complete report. The employee's signature does not necessarily indicate agreement with the conclusions of the evaluation.

(Evaluatee) (Date)

PART III: (to be completed by the Vice-President or designee)

This Evaluation Summary has been received and reviewed for completeness. Copies have been forwarded to the evaluatee and Responsible Administrator.

The next evaluation should take place in _____, and should be _____.
(Standard, Comprehensive, Follow-Up)

Signature: _____ Date: _____
Vice President

Copies of all documents pertaining to this employee's evaluation will be placed in her/his official personnel file. The employee has a right to respond. If the employee chooses to do so, she/he may submit a response to this report, in writing, to the committee within ten (10) working days from the date of this report. That copy will be attached and filed in the employee's official personnel file.

EVALUATION SUMMARY
ADJUNCT FACULTY

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____

PART I: (to be completed by the Evaluator(s))

Overall performance rating

Exceeds expectations

Meets expectations

Needs improvement (Improvement plan required. See Improvement Plan form.)

Unsatisfactory

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the contents of the evaluatee's classroom observation, student evaluations, portfolio review, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports.

Signed: _____ Date: _____
Evaluator

PART II: (to be completed by the Evaluatee):

EVALUEE COMMENTS:

I have met with the evaluator and discussed the contents of my classroom observation, student evaluations, portfolio review, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports.

Signed: _____ Date: _____
Evaluatee

ADDITIONAL COMMENTS: