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| --- | --- | --- | --- | --- | --- |
| Evaluatee: \_ | Date of hire: \_ | |  |  | | --- | --- | | Evaluation Semester: | FALL  SPRING  SUMMER | | Evaluation Year: \_ |

**Check Faculty Status**:  Tenured Full-time Faculty   Probationary (Tenure Track) Faculty  Part-time Faculty

Check here if the Part-time Faculty Member currently has Staffing Preference (prior to this evaluation):

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| |  | | --- | | **Summary of previous evaluation (available in Division Office), if applicable:** | | \_ | | **Summary of student evaluations**—**attach summary of scores and typed comment (provided by Division Office):** | | \_ | | **Summary of classroom/workplace observations—attach observation forms and comments:** | | \_ |  |  | | --- | | **Summary of self-evaluation—attach self evaluation report:** | | \_ | | **Criteria-related input from dept. chair and/or dean:** | | \_ | | **Evaluatee comments—attach a separate sheet if necessary:** | | \_ | |
| **Level of Performance (Check one) – To be completed by Chair of Evaluation Committee**  **Consistently High Ratings—**Excellent overall performance.    **Satisfactory Performance—**Acceptable overall performance.  **Needs Improvement—**Low scores in some areas necessitate an improvement plan. Evaluatee will be evaluated again next semester (if still employed by CCCCD).    **Unsatisfactory Performance—**Unacceptable overall performance. |

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|  |
| **Signature of Evaluation Committee Members: (size of committee is determined by faculty status)**   |  |  |  | | --- | --- | --- | | \_  **Chair/Evaluator (print name)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(signature) Date** | \_  **Date** | | \_  **Committee Member (print name)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(signature) Date** | \_  **Date** | | \_  **Committee Member (print name)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(signature) Date** | \_  **Date** | |
| **This box only applies to probationary faculty.**  **Recommendation (To be completed by Chair of Evaluation Committee)**  **Grant Tenure  Continue in Probationary Status  Termination of Service**  **Resolution (To be completed by college president)**  **Grant Tenure  Continue in Probationary Status  Termination of Service**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **President:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Chancellor:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |