Cerritos College District Faculty Evaluation

_____   _____   _____

Faculty Member's Name   **Department / Division**   **Date**

Semester: **Fall**   **Spring**   **Year: _____**

Evaluation Status:

Tenured (tri-annual)   Probationary   Temporary Full-Time   Part Time

Admin Eval   Remediation Evaluation

The Evaluation Team will complete the Faculty Evaluation Form (IN-51A) and this form when evaluating a faculty member. The chair of the Evaluation Team, the Dean or area manager and the Evaluatee will receive copies of these forms. The digitally signed form will be forwarded to the Human Resources Office and will be placed in the Evaluatee's personnel file.

SA= Satisfactory evaluation. If the overall rating is "satisfactory," no follow-up is necessary.

NI= Needs Improvement Evaluation.

- Full-Time Faculty-If the overall rating is "needs improvement," the Peer Review Team will forward a remediation plan to the appropriate Dean/Area Manager and Vice President for review.
    - After the Vice President, Dean/Area Manager and Peer Review Team finalize the remediation plan, the Peer Review Team shall present the plan to the evaluatee.
    - The remediation plan will include a timeline for completion and follow-up evaluation.

- Part Time Faculty- If the overall rating is "needs improvement" the Peer Review Team shall create and forward an improvement plan to the Dean/Area Manager for review and approval.

    - The peer review team shall finalize the remediation plan and present the plan to the evaluatee

    - A remediation review to assess the performance of the Part Time Faculty shall be conducted the next time the evaluatee is scheduled to teach a class or is given an assignment

    - The remediation review shall be conducted by the same evaluators of the original review and one additional evaluator not on the original team. The additional evaluator will be proposed by the evaluatee within 10 business days of receiving the improvement plan. The Dean/Area Manager shall approve the additional evaluator. If no additional evaluator is proposed by the evaluatee, the Dean/Area Manager shall appoint one.

UN= Unsatisfactory Evaluation.

- Full-Time Faculty- If the overall rating is "unsatisfactory," the Peer Review Team shall forward the evaluation report to the appropriate Vice President for administrative review (Article 16.3.3.3).

- Part-Time Faculty- If the overall rating is "unsatisfactory," all offered classes will be revoked immediately (Article 13.2.4).

N/A = Not applicable

Administrative Review: When an evaluation is forwarded to a Vice President for Admin Review the Vice President shall review documents, conduct interviews which they consider appropriate, and may make inquiries and/or observations that they consider appropriate. The Vice President shall render a decision and take the action that they consider appropriate at the end of the administrative review.

Administrative Evaluation: Other evaluations may be initiated by the responsible Dean/Area Manager at any time. These administrative evaluations may include, but are not limited to classroom/worksite observations, student evaluations, student interviews, and other evaluative techniques.

Knowledge, skills and techniques of instruction/performance:

	SA	NI	UN	NA
1. Has a comprehensive knowledge of the subject/area of responsibility (degrees, certificates, and experience) Comments (Optional):	SA	NI	UN	NA
2. Demonstrates depth and breadth of knowledge in the discipline Comments (Optional):	SA	NI	UN	NA
3. Demonstrates sensitivity in working with students from diverse backgrounds and with different needs Comments (Optional):	SA	NI	UN	NA
4. Adheres to content and objectives of course outline of record [applicable to those with teaching assignments at the time of observation] Comments (Optional):	SA	NI	UN	NA
5. Knows and employs a variety of methods of testing, assessment, and evaluation Comments (Optional):	SA	NI	UN	NA
6. Employs a variety of instructional strategies to meet the needs and abilities of students, considering diverse learning styles, backgrounds, and experiences. Comments (Optional):	SA	NI	UN	NA
7. Presents the material, information, and methods for success with clarity and consideration of accessibility Comments (Optional):	SA	NI	UN	NA
8. Makes effective use of time	SA	NI	UN	NA

Comments (Optional):				
9. Maintains an environment conducive to student learning/participation and development Comments (Optional):	SA	NI	UN	NA
10. Communicates clearly and effectively Comments (Optional):	SA	NI	UN	NA
11. Clearly articulates procedures, alternatives, and methods for success to students Comments (Optional):	SA	NI	UN	NA
12. Communicates enthusiasm for the subject matter Comments (Optional):	SA	NI	UN	NA
13. Engages in regular and substantive interaction (RSI), defined as a set of practices that ensure students are actively engaged [applicable to those with distance education teaching assignments at the time of observation]. Comments (Optional):	SA	NI	UN	NA
14. Demonstrates cooperation and sensitivity in working with colleagues and students Comments (Optional):	SA	NI	UN	NA

Acceptance of Responsibility

1. Is punctual and meets scheduled obligations Comments (Optional):	SA	NI	UN	NA
2. Follows up on responsibilities to students and staff Comments (Optional):	SA	NI	UN	NA
3. Maintains records satisfactorily Comments (Optional):	SA	NI	UN	NA
4. Attends required meetings Comments (Optional):	SA	NI	UN	NA
5. Responsive to constructive feedback Comments (Optional):	SA	NI	UN	NA
6. Participates at the appropriate level in creation, assessment, and/or discussion of SLOs	SA	NI	UN	NA

Comments (Optional):				

Overall Evaluation

Summary evaluation, including commendations and recommendations:	SA	NI	UN	NA

Remediation Plan (If received NI or UN from Overall Evaluation)

Timeline and requirements for completion of remediation plan

_____   _____

Evaluator's Signature   Date   Dean's/Area Manager's Signature*   Date

_____   _____

Evaluator's Signature   Date   Vice President's Signature**   Date
                                                                       (for Admin Review or Admin Eval only)

_____

Faculty Member's Signature***   Date

* Dean/Area Manager may sign as an evaluator or the signature may represent acceptance of the evaluation. If the Dean/Area Manager chooses to refer this report back to the Evaluation Team, such referral should be done on a separate memorandum from the Dean/Area Manager to the Evaluation Team. Such referral will not become part of the faculty member's personnel file. The Dean/Area Manager must sign the evaluation prior to presentation to the faculty member.

**The Vice President will only sign this evaluation if there is an administrative review or if this is an administrative evaluation.

***Acknowledgement of review/receipt by evaluate (Faculty)

Evaluatee's signature does not necessarily imply agreement but does indicate that they have received and had the opportunity to review the evaluation.

The faculty member may respond in writing in respect to the accuracy, relevance, and completeness of the evaluation by submitting such written response to the Human Resources Office within 10 working days following the receipt date of the evaluation. Such response (if any) shall become a part of the evaluation report and placed in the faculty member's personnel file.