

BASIC AND COMPREHENSIVE EVALUATION SUMMARY FORM FOR ALL FACULTY

Name of Faculty Member: _____ Employee #: _____

Discipline: _____ Department: _____ College: _____

Evaluation Type: Basic Comprehensive

Status: Full time regular faculty
 Tenure track contract faculty
 (Select: B-1 B-2 B-3 (year: 3 or 4)
 Limited (including PACE) or long term substitute
 Adjunct faculty

This evaluation applies to, check all that apply: Face to Face Class Online Hybrid Combination(s)

A. Professional Qualities

Professionalism	Meets/Exceeds Expectations	Needs to Improve
1. Keeps current in discipline.		
2. Interacts or communicates with peers.		
3. Accepts constructive criticism well.		
4. Maintains adequate and appropriate records.		
5. Submits grades and/or other required information on time.		
6. Attends required meetings.		
7. Is regularly available to students.		
8. Fulfills professional development responsibilities.		
Sources: (state sources of data)		

Professional Contributions	Meets/Exceeds Expectations	Needs to Improve
9. (For All Faculty) Participates in the Student Learning Outcomes Assessment Cycle (for classroom faculty, includes approved SLOs on class syllabi.)		
10. (For Full Time Faculty Only) Makes appropriate contribution to the college by serving effectively on a committee, projects, special assignments, etc.		
11. (For Full Time Faculty Only) Makes appropriate contributions to the discipline/department and assumes an appropriate share of faculty responsibilities		
12. (For All Faculty) Develops and disseminates course syllabi consistent with appropriate Board Rules.		

Sources: (state sources of data)

B. Attach appropriate form for Section B. Complete Sections C and D.

C. Overall Evaluation Satisfactory Needs to improve Unsatisfactory

D. Comments, Recommendations, and Improvement Plans where applicable:

Insert comments in text box or attach a separate piece of paper:

E. Faculty Professional Growth Goals/Plan for next evaluation period: (Evaluee Generated)

Insert goals and or plans in box or attach a separate piece of paper:

(Select signature section below based on the type of evaluation completed)

Comprehensive Evaluation <input type="checkbox"/> Tenure Review <input type="checkbox"/> Peer Review Committee Signatures <u>Required as per Article 19 and 42</u>		
Print Name (Chair)	Signature	Date
Print Name (Dept. Rep)	Signature	Date
Print Name (Selected Rep)	Signature	Date
Print Name (Admin Rep)	Signature	Date
Print Name (Senate Rep)	Signature	Date
<u>Basic Evaluation for full-time or adjunct faculty—Evaluator Signature (Department Chair or Designee)</u>		
Print Name	Signature	Date

Evaluee Signature Required for Basic and Comprehensive Evaluations

I have received a copy of this evaluation but my signature does not necessarily indicate my agreement. I understand that any written statement I forward to the Division of Human Resources regarding this evaluation will be attached to the copy, which is filed there.

Print Name	Signature	Date

Accepted by appropriate Vice President or designee

Print Name: _____ Signature: _____ Date: _____