

**BASIC AND COMPREHENSIVE EVALUATION SUMMARY FORM FOR ALL FACULTY**

<b>Name of Faculty Member:</b>	
<b>Employee#:</b>	<b>College:</b>
<b>Discipline:</b>	<b>Department:</b>
<b>Evaluation Type:</b> <input type="checkbox"/> <b>BASIC</b> <input type="checkbox"/> <b>COMPREHENSIVE</b>	
<b>Status:</b> <input type="checkbox"/> Full time regular faculty <input type="checkbox"/> Tenure track contract faculty (Select: <input type="checkbox"/> -B-1 <input type="checkbox"/> -B-2 <input type="checkbox"/> -B-3 (year: <input type="checkbox"/> 3 or <input type="checkbox"/> 4) <input type="checkbox"/> Limited (including PACE) or long-term substitute <input type="checkbox"/> Adjunct faculty	
<b>This evaluation applies to, check all that apply:</b> <input type="checkbox"/> Face to Face Class <input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> Combination(s)	
<b>*The unsatisfactory indicator may only be used when based upon a previous “needs to improve” indicator and its related written improvement plan.</b>	

**A. Professional Qualities**

<b>Professionalism</b>	<b>Meets/Exceeds Expectations</b>	<b>Needs to Improve</b>
<b>1. Keeps current in discipline.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Interacts or communicates with peers.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Accepts constructive criticism well.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Maintains adequate and appropriate records.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Submits grades and/or other required information on time.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Attends required meetings.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Is regularly available to students.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Fulfills professional development responsibilities.</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Sources:** (state sources of data)

<b>Professional Contributions</b>	<b>Meets/Exceeds Expectations</b>	<b>Needs to Improve</b>
<b>9. (for all Faculty): participates in Student Learning Outcomes Assessment Cycle (for classroom faculty, includes approved SLO's on class syllabi.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. (For Full-Time Faculty Only): Makes appropriate contribution to the college by serving effectively on committee, projects, special assignments, etc.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. (For Full-Time Faculty Only): Makes appropriate contribution to the discipline/department and assumes an appropriate share of faculty responsibilities</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. (for all Faculty): Develops and disseminates course syllabi consistent with appropriate Board Rules</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Sources:** (state sources of data)

**B. Attach Appropriate form for Section B. Complete Sections C and D**

**C. Overall Evaluation**    -Meets/Exceeds Expectations    -Needs to Improve    -\* **Unsatisfactory**

**D. Comments, Recommendations, and Improvement plans where applicable:**

Insert in 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**    -Tenure Review    -Peer Review Committee Signatures  
**Required as per Article 19 and 42**

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) <small>(Tenure Review Committee Only)</small>	Signature _____	Date _____

**Basic Evaluation for full-time or adjunct faculty—Evaluator Signature (Department Chair or Designee)  
 Required**

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 \_\_\_\_\_

If your Basic Evaluation is “less than satisfactory” you may be entitled to request a comprehensive evaluation as per Article 19.

**Accepted by Appropriate Vice President or designee**

Print Name:                      Signature \_\_\_\_\_ Date \_\_\_\_\_