Evaluation Checklist for Adjuncts

1. **Before Classroom Evaluation**
   a. **Review Contract Language regarding reviews**
      
      *Article 19, pages 68-77. Focus on Sections A, E, G, H, I, and J.*
   
   b. **Review Evaluation forms in contract—Appendix C**
      
      i. Classroom Faculty form on page 195-197, Section B
      ii. Counselor form on page 198, Section B
      iii. Librarian form on page 199, Section B
      iv. ISA/Consulting Instructor on page 200, Section B
      v. College Nurse on page 201, Section B
      vi. Disabilities Specialist/Instructor on page 202
      vii. Child Dev. Center Instructor on page 203
      viii. Administrative Evaluations forms, page 204-212
      ix. Student evaluations for classroom faculty, pages 220-221
      x. Student evaluations for online faculty, page 222-223

2. **Were you formally (in writing) informed of the evaluation? YES or NO?**
   a. Date of announcement: __________________________
   
   b. In what format did the announcement arrive?
      Email? YES OR NO.
      If YES, which email address—Campus/district email or Personal email? *(Should be campus/district email)*
      If NO, what format was used? __________________________
   c. What type of evaluation will you be receiving?
      ___ basic   ____ comprehensive   ___ administrative

3. **Classroom Observation Visit**
   a. Date of class observation visit: __________________________
      *(Should be different than the formal announcement)*
   
   b. Who arrived to do the evaluation? __________________________
      *(Should be department/division chair or designee)*
   
   c. When did they arrive for class observation? __________________________
   
   d. How long did they stay? __________________________

4. **Student Evaluations**
   a. Number of *blank* student evaluations in envelope: __________________________
   
   b. Number of students who wrote an evaluation: __________________________
Review of Evaluation

1. Were the contents of the student evaluations discussed with you?  YES OR NO

2. Was it the same number of students who wrote a student evaluation in the classroom?  YES OR NO?

3. Did the person who evaluated you discuss the contents of the full evaluation with you?  YES OR NO (Should be the same person who observed you in the classroom)

4. Was this person a faculty member from your department/division?  YES OR NO
   Name of faculty member (optional) ________________________________

5. Was this person a dean or other administrator?  YES OR NO
   Name of dean/administrator (optional) ________________________________

6. Did this discussion occur in a timely fashion (before finals)?  YES OR NO

7. Date of review of evaluation: ________________________________

   If you received Meets/Exceeds Expectations, no need to answer questions 8-11.

8. If there are any needs to improve or any negative areas, are they accompanied by a specific plan for improvement?  YES OR NO

9. If this evaluation was negative (unsatisfactory or needs to improve), were you offered a Comprehensive Evaluation?  YES OR NO
   (Hint: One must be offered to you. And always say YES!)

10. If one was not offered, did you ask for a Comprehensive Evaluation?  YES OR NO
    If you did get a Needs to Improve, you MUST ask for the Comprehensive Evaluation—it may save your job!

11. Date of Comprehensive Evaluation: ________________________________
    Following the Comprehensive Evaluation, answer the above questions with regards to the Comprehensive Evaluation.

12. Review Article 19, H.6. Remember that you have 10 calendar days to submit written comments on the evaluation that will go into your personnel file along with the evaluation. You also have the right to union representation.
    Name of union representative who represented you ________________________________