**APPENDIX J1.A
ADMINISTRATIVE AND PEER EVALUATION FORM
Classroom/Synchronous FACULTY**

**(Article 6 and 6A - Evaluation)**

Foothill-De Anza Community College District

FACULTY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QUARTER: \_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT/PROG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACADEMIC YR: \_\_\_\_\_\_\_\_

CAMPUS LOCATION: □ Foothill □ De Anza □ Center (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACULTY STATUS: (check one) □ Full-time □ Part-time

If full-time, (check one) □ Tenured □ Contract (grant-funded/temporary replacement)

 □ Probationary Phase I □ Probationary Phase II □ Probationary Phase III

If part-time, number of service credits in Division (per Article 7.9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUTIES: □ Instructor □ Counselor □ Librarian □ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE/ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LENGTH OF VISIT: \_\_\_\_\_\_\_\_\_\_\_\_

EVALUATION DATE: \_\_\_\_\_\_\_\_ EVALUATOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(please print)*

Pre-eval meeting date (required)\_\_\_\_\_\_\_ Post-eval meeting date (required)\_\_\_\_\_\_\_\_\_

EVALUATION TYPE: □ Administrative □ Probationary (Tenure Committee) □ Peer

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Evaluator CWID

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Division Dean

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Vice President for Instruction or

 Signature of Vice President for Student Services

I am aware of my rights as provided in the appropriate article of the District Agreement,

Article 6 or Article 6A. I have read this report, am aware of the opportunity to add my own

comments, and recognize that I have the right to discuss it with the President if I so desire.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Faculty Member CWID

 *The purposes of evaluation are contained in Articles 6 and 6A of the Agreement.*

For Office Use Only:

Copy – Instructor \_\_\_\_ Update Banner \_\_\_\_ PAY? YES or NO DEAN AUTH. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy – Division \_\_\_\_ To Payroll \_\_\_\_ FOAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_INDEX CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 6/2022

**ADMINISTRATIVE AND PEER EVALUATION FORM FOR FACULTY**

Foothill-De Anza Community College District

***This form may not be modified*** *unless agreed upon by the Board and the Faculty Association.*

This form uses both a rating system and narrative data. Please use the rating system for each applicable criterion. Then, write a brief narrative for each section and, finally, a comprehensive summary statement.

Rating system:

|  |  |
| --- | --- |
| EX = Exceeds Expectations | UN = Unsatisfactory |
| MT = Meets Expectations | NA = Not Applicable |
| ND = Needs Development | NO = Not Observed |

 **SECTION I.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Classroom Instruction** | **EX** | **MT** | **ND** | **UN** | **NA** | **NO** |
| 1. Uses current materials and theories for the discipline
 |  |  |  |  |  |  |
| 1. Demonstrates knowledge of the course content.
 |  |  |  |  |  |  |
| 3. Provides students with a clearly written explanation of the course expectations and requirements, assignments, and evaluation process  |  |  |  |  |  |  |
| 4. Uses class time in an effective manner |  |  |  |  |  |  |
| 5. Teaches at a level that supports the achievement of the learning outcomes stated in the Course Outline of Record |  |  |  |  |  |  |
| 6. Communicates ideas clearly and effectively |  |  |  |  |  |  |
| 7. Facilitates discussion, explanation, and/or exploration of course content.  |  |  |  |  |  |  |
| Narrative Comments(No word limit on any narrative section) |
| **Approaches to Student Learning** | **EX** | **MT** | **ND** | **UN** | **NA** | **NO** |
| 8. Stimulates student interest in the material presented |  |  |  |  |  |  |
| 9. Develops assignments/assessments consistent with course objectives stated in the Course Outline of Record |  |  |  |  |  |  |
| 10. Provides students the opportunity to engage with the material in a variety of ways. |  |  |  |  |  |  |
| 11. Maintains purposeful and ongoing student engagement with course content using academically related activities.  |  |  |  |  |  |  |
| 12. Appropriately paces and scaffolds student activity and course requirements throughout the term. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 13. Provides welcoming classroom environment that is conducive to diverse learners. |  |  |  |  |  |  |
| Narrative Comments  |
| **Relationship (Interaction?) with students and colleagues** | **EX** | **MT** | **ND** | **UN** | **NA** | **NO** |
| 14. Demonstrates sensitivity and respect for diverse students, including but not limited to students from diverse backgrounds, orientations, abilities, religious creeds, and socioeconomic statuses. |  |  |  |  |  |  |
| 15. Demonstrates sensitivity and respect in working with colleagues. (also add to dean section?) |  |  |  |  |  |  |
| 16. Is open to constructive feedback.17. Provides timely feedback to students |  |  |  |  |  |  |
| Narrative Comments  |
| **Other job requirements (to be completed by Dean or appropriate supervisor)** | **EX** | **MT** | **ND** | **UN** | **NA** | **NO** |
| 18. Maintains adequate records (clarify) |  |  |  |  |  |  |
| 19. Submits required departmental documentation on time including census, positive attendance, grades, syllabi, textbook adoption |  |  |  |  |  |  |
| 20. Maintains scheduled office hours |  |  |  |  |  |  |
| 21. Works with students and student support services to provide reasonable accommodations and provides accessible materials where appropriate |  |  |  |  |  |  |
| 22. Follows applicable federal, state, and local laws and regulations involving health and safety. |  |  |  |  |  |  |
| 23. Attends required meetings |  |  |  |  |  |  |
| 24. Responds to communication in a timely manner, generally considered~~(~~within 2 school days~~)~~ |  |  |  |  |  |  |
| 25. Maintains professional certifications as required |  |  |  |  |  |  |
| Narrative Comments  |
| **Professional Responsibility** | **EX** | **MT** | **ND** | **UN** | **NA** | **NO** |
| 26. Keeps current in the discipline, pedagogy, and practices |  |  |  |  |  |  |
| 27. Participates in the SLO/SAO processes including assessment and documentation of evidence (for Part-time Faculty, see Article 7.25) ADD: participates in program review? |  |  |  |  |  |  |
| **– Tenured and Tenure-Track Faculty After Phase I Only –**28. Participates in special assignments, committees, projects, research, etc. that serve the department, discipline or college community |  |  |  |  |  |  |
| Narrative Comments  |

**SECTION II. EVALUATOR'S COMPREHENSIVE SUMMARY STATEMENT:**

(This section may include, in addition to synthesis, professional activities not previously mentioned, suggestions for further growth, and professional contributions to the District.)

**SECTION III. FACULTY MEMBER'S COMMENTS:**