**San Jose∙Evergreen Community College District**

**CONTENTS PAGE FOR Associate FACULTY EVALUATION**

Associate Faculty Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Date Of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation is for the period of: \_\_\_\_\_\_\_\_\_\_\_\_\_

**SRP Status: \_\_\_** Granted SRP at **EVC or SJCC** (circle one) on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Seeking SRP at **EVC or SJCC** (circle one); currently in 1st 2nd 3rd semester

\_\_\_ No SRP

#### Associate Evaluation Committee Names

Immediate Administrator/Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peer Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documents to include in this evaluation packet:**

1. Evaluation by Administrator

2. Observation of Performance

1. Summary of Student Survey Form (every semester)

Provide a numerical summary of the objective items on the Student Survey Form as well as a typed copy of student comments.

1. Self-Evaluation & Equity Reflection
2. Summary Report

Revised 2023/2024 AY