**San Jose∙Evergreen Community College District**

### Contents Page For Tenured Faculty Evaluation

**Faculty Member's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **College:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Hire:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Evaluation is for the period of**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Evaluation Committee Names (indicate Committee Chair with asterisk)

**Immediate Administrator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Member’s Peer Appointment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Job Description**
2. **Administrator’s Evaluation of Faculty**
3. **At least one of the following Forms from each evaluator:**

* Observation Form for Classroom Faculty
* Observation form for Online Faculty
* Observation Form for Counseling Faculty
* Observation Form for Coordinator of Disabled Students Program Services
* Observation Form for Health Services Faculty
* Observation Form for Library Faculty
* Observation Form for Academic Skills Faculty
* Observation Form for Case Manager Faculty
* Observation Form for Distance Education Faculty Coordinator

1. **Self-Evaluation** & Equity Reflection
2. **Summary of Student Survey Forms** (*every semester*)

For each class, provide a numerical summary of the objective items on the Student Survey Form as

well as a typed copy of student comments.

1. **Growth and Development Plan**
2. **Improvement Plan** (if applicable)
3. **Summary Evaluation Report**
4. **Optional Written Response to Summary Evaluation Report** (if completed)