

APPENDIX S : EVALUATION FORMS

SANTA MONICA COMMUNITY COLLEGE DISTRICT

Faculty Evaluation Summary Form For Part-time Faculty

Evaluation of: _____ Semester: _____ Year: _____

Department: _____

Evaluator: _____ Position: _____

Conference Date: _____

Based on the attached Professionalism Form and Observation Form, CHECK ONE:

Satisfactory

Needs Improvement

Unsatisfactory

EVALUATOR:	DATE:	DEPT. CHAIRPERSON / LEADER :	DATE:
EVALUATEE:	DATE:	APPROPRIATE VICE-PRESIDENT OR DESIGNEE:	DATE:

Evaluatee's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Evaluatee may request an additional evaluation. Within ten working days of receipt of this evaluation report, the evaluatee may also submit a written statement to be filed with this evaluation report. Attach additional sheet if necessary.

Comments: (optional)

SANTA MONICA COMMUNITY COLLEGE DISTRICT

Faculty Evaluation Summary Form For Tenured Faculty – Phase 1

Evaluation of: _____ Semester: _____ Year: _____

Department: _____

Evaluator: _____ Position: _____

FALL SEMESTER: _____ Conference Date: _____

Based on the attached Professionalism Form and Observation Form(s), CHECK ONE:

Satisfactory

Needs Continued Evaluation

Signature	Date
Evaluatee:	
Dept. Chair, leader, or designee	
Evaluator: (if a panel is used)	
Evaluator: (if a panel is used)	
Appropriate Vice-President or designee:	

SPRING SEMESTER: _____ Conference Date: _____

Based on the attached Professionalism Form and Observation Form(s), CHECK ONE:

Satisfactory

Needs Continued Evaluation

Signature	Date
Evaluatee:	
Dept. Chair, leader, or designee	
Evaluator:	
Evaluator:	
Appropriate Vice-President or designee:	

Evaluatee's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Evaluatee may request an additional evaluation. Within ten working days of receipt of this evaluation report, the evaluatee may also submit a written statement to be filed with this evaluation report. Attach additional sheet if necessary.

SANTA MONICA COMMUNITY COLLEGE DISTRICT

Faculty Evaluation Summary Form For Tenured Faculty – Phase 2

Evaluation of: _____ Semester: _____ Year: _____

Department: _____

Evaluator: _____ Position: _____

Conference Date: _____

Based on the attached Professionalism Form and Observation Form(s), CHECK ONE:

Satisfactory

Needs Continued Evaluation

Signature	Date
Evaluatee:	
Appropriate Vice-President or designee	
Dept. Chair, leader, or designee	
Evaluator:	
Evaluator:	

Evaluatee's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Evaluatee may request an additional evaluation. Within ten working days of receipt of this evaluation report, the evaluatee may also submit a written statement to be filed with this evaluation report. Attach additional sheet if necessary.

SANTA MONICA COMMUNITY COLLEGE DISTRICT

Faculty Evaluation Summary Form For Tenured Faculty – Phase 3

Evaluation of: _____ Semester: _____ Year: _____

Department: _____

Evaluator: _____ Position: _____

Conference Date: _____

Based on the attached Professionalism Form and Observation Form(s), CHECK ONE:

Satisfactory

Unsatisfactory

Signature	Date
Evaluatee:	
Vice-President of Human Resources or designee	
Appropriate Vice-President or designee	
Dept. Chair, leader, or designee	
Evaluator:	
Evaluator:	

Evaluatee's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Evaluatee may request an additional evaluation. Within ten working days of receipt of this evaluation report, the evaluatee may also submit a written statement to be filed with this evaluation report. Attach additional sheet if necessary.

SANTA MONICA COMMUNITY COLLEGE DISTRICT
Faculty Evaluation Summary Form For Probationary Faculty
Year One

NAME:	DEPARTMENT:
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Overall Rating	Recommendation
Satisfactory	Not Enter Into A Contract For The Following Academic Year
Needs Improvement	Enter Into A Contract For The Following Academic Year
Unsatisfactory	Employ The Probationary Employee As A Regular (Tenured) Employee For All Subsequent Academic Years

Signature	Date
Dept. Peer:	
Non-Dept. Peer:	
Dept. Chair, faculty leader, or designee:	
Senior Administrator:	
Evaluatee:	

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.
 Comments: (optional)

SANTA MONICA COMMUNITY COLLEGE DISTRICT
Faculty Evaluation Summary Form For Probationary Faculty
Year Two

NAME:	DEPARTMENT:
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Overall Rating	Recommendation
Satisfactory	Not Enter Into A Contract For The Following Academic Year
Needs Improvement	Enter Into A Contract For The Following Two Academic Years
Unsatisfactory	Employ The Probationary Employee As A Regular (Tenured) Employee For All Subsequent Academic Years

Signature	Date
Dept. Peer:	
Non-Dept. Peer:	
Dept. Chair. , faculty leader, or designee:	
Senior Administrator or designee:	
Evaluatee:	

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.
 Comments: (optional)

SANTA MONICA COMMUNITY COLLEGE DISTRICT
Faculty Evaluation Summary Form For Probationary Faculty
Year Three

NAME:	DEPARTMENT:
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OVERALL RATING

Satisfactory

Needs Improvement

Unsatisfactory

Signature	Date
Dept. Peer:	
Dept. Peer:	
Dept. Chair. , faculty leader, or designee:	
Evaluatee:	
Appropriate Vice-President or designee:	

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

Comments: (optional)

SANTA MONICA COMMUNITY COLLEGE DISTRICT
Faculty Evaluation Summary Form For Probationary Faculty
Year Four

NAME:	DEPARTMENT:
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Overall Rating		Recommendation	
	Satisfactory		Employ The Probationary Employee as a Tenured Employee For All Subsequent Academic Years
	Unsatisfactory		Not Employ The Probationary Employee as a Tenured Employee

Signature	Date
Dept. Peer:	
Dept. Peer:	
Dept. Chair. , faculty leader, or designee:	
Evaluatee:	
Appropriate Vice-President or designee:	

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

Comments: (optional)

PROFESSIONALISM FORM

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

This section to be completed by the department chair / leader or department chair/ leader designee <i>As input to the evaluation procedure</i>	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
1. Demonstrates cooperation and sensitivity in working with colleagues and staff Comments:				
2. Responsive to constructive feedback Comments:				
3. Participates at the appropriate level in creation, assessment, and / or discussion of SLOs Comments:				
4. Submits required departmental reports and information on time (Drop roster, grade roster, flex form) Comments:				
5. Maintains adequate and appropriate records Comments:				
6. Observes health and safety regulations Comments:				
7. Per the collective bargaining agreement, maintains office hours and attends required meetings Comments:				

8. Responsive to students and is accessible to students				
Comments:				
9. Adheres to departmental and college policies				
Comments:				
10. Participates in departmental and campus wide activities				
Comments:				
11. Maintains currency in professional knowledge through professional literature, professional memberships, workshops, conferences, or other activities				
Comments:				
Additional comment:				

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

FACULTY OBSERVATION FORM

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

Knowledge, Skill and Ability as an Instructional Faculty Member	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
1. Establishes a student-instructor relationship conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
2. Communicates ideas clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
3. Stimulates students' interest and desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
4. Promotes active involvement of students in learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
5. Demonstrates sensitivity in working with students from diverse backgrounds and with different needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
6. Employs appropriate pedagogy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
7. Begins class promptly and ends at time designated on schedule of classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
8. Uses class time efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

9. Maintains an appropriate pace during class session				
Comments:				
10. Provides students with a syllabus which includes a written explanation of the evaluation process, expectations and requirements, assignments, course content, relevant dates, and other information				
Comments:				
11. Teaches course content that is consistent with the official course outline of record				
Comments:				
12. Uses materials pertinent to the course content				
Comments:				
13. Teaches at a level that is appropriate to the course content				
Comments:				
14. Has appropriate command of the subject matter to be able to respond to students' needs				
Comments:				
15. Assesses students' progress regularly				
Comments:				
Additional comment:				

Date(s) of Visit: _____

Length of visit: _____ Course (if applicable): _____

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

FACULTY OBSERVATION FORM

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

Knowledge, Skill and Ability as a Counseling Faculty Member	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
1. Maintains a focused counseling session/presentation/group workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
2. Prioritizes student's concerns and establishes tasks to be covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
3. Uses allotted session time appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
4. Adheres to daily work schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
5. Communicates clearly and effectively with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
6. Adapts style of communication to student's developmental level (language ability, awareness of educational processes, readiness to choose a major, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
7. Demonstrates active listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
8. Consults effectively with colleagues as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

9. Assesses and defines student's current academic, personal and career needs to facilitate a productive counseling session				
Comments:				
10. Uses electronic counseling tools and resources effectively				
Comments:				
11. Demonstrates current knowledge of academic options and requirements				
Comments:				
12. Demonstrates current knowledge of policies and procedures affecting students				
Comments:				
13. Investigates answers to student inquiries and/or directs students to appropriate sources of information				
Comments:				
14. Sets boundaries with students as necessary				
Comments:				
15. Sets a welcoming tone when meeting students				
Comments:				
16. Creates a non-judgmental environment of trust, respect and sensitivity to all backgrounds				
Comments:				
17. Shows genuine interest in student's questions and concerns				
Comments:				
18. Validates/confirms student's understanding of issues addressed in session				
Comments:				
19. Concludes session by providing opportunity to follow-up as necessary				
Comments:				

Additional comment:

Date(s) of Visit: _____

Length of visit: _____ Course (if applicable): _____

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

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FACULTY OBSERVATION FORM

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

Knowledge, Skill and Ability as a DSPS Faculty Member	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
1. Demonstrates knowledge of discipline				
Comments:				
2. Demonstrates knowledge of current trends, laws, and regulations				
Comments:				
3. Demonstrates knowledge of current college policies and procedures affecting students				
Comments:				
4. Maintains assigned work schedule and is on time for appointments				
Comments:				
5. Manages time effectively				
Comments:				
6. Makes oneself available to confer with students				
Comments:				
7. Uses allotted session time effectively				
Comments:				
8. Provides appropriate accommodations in a timely manner				
Comments:				

9. Creates a non-judgmental environment of trust, sensitivity, and mutual respect (students & colleagues)				
Comments:				
10. Respects student confidences				
Comments:				
11. Displays timely and appropriate follow through				
Comments:				
12. Communicates clearly and effectively with students				
Comments:				
13. Sets boundaries with students as necessary				
Comments:				
14. Assists students in resolving issues involving faculty, administration, and/or community agencies				
Comments:				
15. Maintains accurate record keeping				
Comments:				
16. Consults with colleagues as necessary				
Comments:				
17. Contributes to a positive work environment				
Comments:				
18. Takes the initiative and responsibility to keep up with the current academic and electronic aspects of counseling				
Comments:				
19. Functions effectively with a minimum of supervision				
Comments:				

Additional comment:

Date(s) of Visit: _____

Length of visit: _____ Course (if applicable): _____

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

FACULTY OBSERVATION FORM

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

Knowledge, Skill and Ability as a Librarian	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
1. Prioritizes library users' needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
2. Completes assignments and projects in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
3. Communicates clearly and effectively with colleagues, students, faculty and other library users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
4. Instructs library users in effective and independent use of library services and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
5. Demonstrates active listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
6. Connects library users to appropriate resources for their information needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
7. Selects and recommends appropriate resources for library collections and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
8. Uses appropriate print and/or electronic library tools and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:				
9. Catalogs materials in all formats according to national standards and adapts these standards for local practice when necessary				
Comments:				
10. Plans, develops, implements, integrates and supports all library computing resources and systems				
Comments:				
11. Sets a welcoming tone when interfacing with library users				
Comments:				
12. Creates an environment of respect for and sensitivity to library users from diverse backgrounds				
Comments:				
13. Follows up on requests for information or other library services				
Comments:				
Additional comment:				

Date(s) of Visit: _____

Length of visit: _____ Course (if applicable): _____

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

SANTA MONICA COMMUNITY COLLEGE DISTRICT

Faculty Evaluation Summary Form For Emeritus College Faculty

Evaluation of: _____ Semester: _____ Year: _____

Department: _____

Evaluator: _____ Position: _____

Conference Date: _____

Based on the attached Professionalism Form and Observation Form, CHECK ONE:

Satisfactory

Needs Improvement

Unsatisfactory

EVALUATOR:	DATE:	ACADEMIC ADMINISTRATOR RESPONSIBLE FOR EMERITUS COLLEGE	DATE:
EVALUATEE:	DATE:	APPROPRIATE VICE-PRESIDENT OR DESIGNEE:	DATE:

Evaluatee’s signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Evaluatee may request an additional evaluation. Within ten working days of receipt of this evaluation report, the evaluatee may also submit a written statement to be filed with this evaluation report. Attach additional sheet if necessary.

Comments: (optional)

PROFESSIONALISM FORM For Emeritus College Faculty

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
<p>This section to be completed by the department chair / leader or department chair/ leader designee</p> <p><i>As input to the evaluation procedure</i></p>				
1. Maintain collegial relations with peers and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
2. Responsive to constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
3. Maintains and submits adequate and appropriate records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
4. Observes health and safety regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
5. Adheres to departmental and college policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Additional comment

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

FACULTY OBSERVATION FORM For Emeritus College Faculty

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

Knowledge, Skill and Ability as an Instructional Faculty Member	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
1. Establishes a student-instructor relationship conducive to learning				
Comments:				
2. Communicates ideas clearly and effectively				
Comments:				
3. Stimulates students' interest and desire to learn				
Comments:				
4. Promotes active involvement of students in learning activities				
Comments:				
5. Demonstrates sensitivity in working with older adults from diverse backgrounds and with unique characteristics/learning styles				
Comments:				
6. Employs appropriate pedagogy				
Comments:				

7. Begins class promptly and ends at time designated on schedule of classes				
Comments:				
8. Uses class time efficiently				
Comments:				
9. Provides students with a syllabus and teaches course content that is consistent with the official course outline of record				
Comments:				
10. Teaches at a level that is appropriate to the course content				
Comments:				
11. Has the appropriate command of the subject matter needed to respond to students' needs				
Comments:				
12. Assesses students' participation in the learning process				
Comments:				
Additional comment:				

Date(s) of Visit: _____

Length of visit: _____ Course (if applicable): _____

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.