

# 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.