MEMORANDUM OF UNDERSTANDING REGARDING NEW PEER EVALUATION FORM

November 25, 2008

The intent of this MOU is to include in the contract the new peer evaluation form developed according to Article 7.3.1. This new form has been mutually agreed to by the District and the Faculty Association. The expressed goal of the District and the Faculty Association is to begin using the new peer evaluation form in Spring, 2009.

Therefore, the District and the Faculty Association agree as follows:

- Appendix S Change: In keeping with the purpose of Article 7.8, Appendix S shall include the new peer evalution form. A copy of this new form is attached below.
- 2. Article 7 Change: Article 7.3.1 shall be amended as shown:
 - 7.3.1 Evaluation Committee: The Faculty Association and the District will form a joint committee to develop a new peer evaluation form which may include new criteria for evaluation of probationary, tenured, and part-time faculty. The Evaluation Committee shall be comprised of three members appointed by each group.

The committee shall bring a recommendation to the Association and the District by the end of spring semester 2008 for inclusion in the contract as an MOU.

In developing its recommendation(s), the committee shall:

(a) Study evaluation forms of other California community colleges and identify best practices.

(b) Jointly obtain input from interested parties; teaching and nonteaching faculty, department chairs, and academic administrators.

For the District

For the Faculty Association

SANTA MONICA COMMUNITY COLLEGE DISTRICT - OFFICE OF HUMAN RESOURCES COMMITTEE/DEPARTMENT CHAIR EVALUATION REPORT FOR ACADEMIC PERSONNEL

NAME:	DEPARTMENT:			
	PROBATIONARY FACULTY			

1st Year 2nd Year 3rd & 4th Year Not Enter Into A Contract Not Enter Into A Not Employ The Probationary For The Following Contract For The Employee As A Tenured Academic Year Following Academic Employee Year Enter Into A Contract For Enter Into A Contract For **Employ The Probationary** The Following Academic The Following Academic Employee As A Tenured Year Year **Employee For All Subsequent** Academic Years **Employ The Contract Employ The Contract Panel Composition Option** Employee As A Regular Employee As A Regular Panel Evaluation **Employee For All Employee For All** Sole Evaluator Subsequent Academic Subsequent Academic Years Years

Signature	Date	Signature	Date	Signature	Date
Dept. Peer(s):		Dept. Peer(s):		Sole Evaluator:	<u> </u>
Non-Dept, Peer(s):		Non-Dept. Peer(s):		Panel Members:	
Dept. Chair:		Dept. Chair:			
Administrator:		Administrator:		-	
Evaluatee:		Evaluatee:		Evaluatee:	
Senior Administrator (if necessary):		Senior Administrator (if necessary):		Senior Administrator (if necessary):	

A.R. 4115a

Ed. Code 87608-87610

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. Within 10 working days of receipt of this evaluation report, the faculty member may also submit a written statement to the Office of Human Resources to be filed with this report.

White - Personnel

Yellow - Department

Pink - Evaluatee

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