|  |
| --- |
| 357B2 0 1 9 - 2 0 2 2 F A C U L T Y C O N T R A C T |
| 358BH.7.a: SUMMARY |  |
| 359BAdjunct | 360BProb. | 361BRegular | 362BDept. Chair | 363B◼ Probationary Faculty Evaluation Summary ◼ |
|  | 364Bx |  |  | 365B◼ Mt. San Antonio College ◼ |

|  |  |  |  |
| --- | --- | --- | --- |
| Professor: |       | Date: |       |
|  |
| Department:  |       | Completing Year: | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 |

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| **Rating:** |
|  |  |  | **1** **Performance exceeds the standard** (Used to commend the recipient for performance above the expected) |
|  |  |  |  |
|  |  |  | **2** **Performance meets the standard**  (Used to acknowledge satisfactory performance of duties and responsibilities)  |
|  |  |  |  |
|  |  |  | **3** **Improvement recommended** (Used to warn the recipient that performance is below what is expected) |
|  |  |  |  |
|  |  |  | **4 Performance does not meet the standard** (Used for unacceptable performance) |
|  |  |  |  |
|  |  |  | **5** **Not applicable/insufficient data** |
|  |  |  |  |
| Any rating other than ‘Performance meets the standard’ (#2) must be accompanied by an explanatory remark by the evaluator.**A rating of “Performance does not meet the standard” in any category may be sufficient grounds for not recommending retention.** |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **A.** | **PEER EVALUATION SUMMARY** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | Team Comments (mandatory):       |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **B.** | **STUDENT EVALUATION SUMMARY** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | Team Comments (mandatory):       |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **C.** | **portfolio evaluation summary** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | Team Comments (mandatory):       |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **D.** | **CLASSROOM VISITATION EVALUATION SUMMARY,** if applicable | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | Team Comments (mandatory):       |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **E.** | **COUNSELING VISITATION EVALUATION SUMMARY,** if applicable | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | Team Comments (mandatory):       |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **F.** | **ADMINISTRATIVE RESPONSIBILITIES EVALUATION** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | Team Comments (mandatory):       |  |  |  |  |  |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **G.** | **FACULTY SELF-EVALUATION** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **H.** | **YEARLY REPORT OF HOURS OF SERVICE TO THE COLLEGE**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |  |  |  |  |  |
|  | **Rating:** | **1** | **2** | **3** | **4** | **5** |
| **I.** | **OVERALL SUMMARY OF EVALUATION** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  |
| **J.** | **PRESCRIPTIVES and RECOMMENDATIONS** | [ ]  | None | [ ]  | Form 7.H.b. (attached) |  |

|  |  |
| --- | --- |
| **K.** | **EVALUATION TEAM RECOMMENDATION** |
|  |

|  |
| --- |
| YEARcompleted |
| 1 | [ ]  | We recommend that the District enter into a contract for a second academic year. |
| [ ]  | We do not recommend that the District employ this employee for the following academic year. |
| [ ]  | One year temporary position – no recommendation required. |
|  |  |  |
| 2 | [ ]  | We recommend that the District enter into a contract for the third and fourth academic years. |
| [ ]  | We do not recommend that the District employ this employee for the following academic year. |
|  |  |  |
| 3 | [ ]  | Completing 3rd year of 3rd & 4th Year contract. No recommendation needed. |
|  |  |  |
| 4 | [ ]  | We recommend that the District employ this employee as a tenured employee. |
| [ ]  | We do not recommend that the District employ this employee as a tenured employee. |

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|  |  |
| **J.**  | **SIGNATURES:** |
|  |  |  |       |  |  |
|  | Team Faculty Member      |  | Team Faculty Member |  | Date |
|       |
|  | Team Faculty Member      |  | Team Faculty Member      |  |  |
|  | Team Faculty Member |  | Dean or Associate Dean/Director |  |  |
|  | I have seen this evaluation summary and have discussed it with the evaluation team. |  |  |
|       |  |       |
|  | Professor Signature |  | Professor Name |  | Date |
| **K.** |

|  |
| --- |
| **REVIEW OF EVALUATION AND RECOMMENDATION:** |
|       |  |       |  | [ ]  Agree | [ ]  Disagree | [ ]  N/A |
| Vice President |  | Date |  |  |  |  |
|       |  |       |  | [ ]  Agree | [ ]  Disagree | [ ]  N/A |
| President |  | Date |  |  |  |  |
|  |  |  |  |  |
| **BOARD ACTION:** | [ ]  Employ | [ ]  Not Employ |       |  |  |  |  |
|  | Date |  |  |  |

 |
|  | **Distribution:**Faculty MemberDivision OfficeHuman Resources8/04; 7/05; 7/06; 7/08, 7/14 |