

7/7/17
5,6

District Form 20010

Rev. 03/06

APPENDIX D (Form A1)

FACULTY SELF-APPRAISAL REPORT

(The purposes of evaluation are described in Article 12 of the VCCCD Agreement)

NAME OF EVALUATEE: _____ DATE: _____

POSITION OF EVALUATEE: _____

Location: ☐ Moorpark College ☐ Oxnard College ☐ Ventura College ☐ Other (specify): _____

Student Learning/Service Unit Outcomes (SLOs/SUOs):

Since my last evaluation, I have generated/assessed/evaluated SLOs/SUOs as necessary, reasonable & appropriate: ☐

This form is your self-appraisal report, which is designed to record your own assessment of your performance. Provide this completed form to the division office before the committee meeting. The primary purpose of evaluation is to assist in the continuous improvement of faculty performance in service to the students and the district.

This form should be completed and forwarded to your dean. Use of electronic word processing to complete this form is recommended. Space is provided below for each topic/question. If additional space is required a blank page has been added at the end of this document.

1. List those activities and/or recent accomplishments which have contributed to your professional growth. For example, courses you have recently taken, participation in professional associations, conferences or workshops you have attended, papers you have delivered or published, community involvement, etc.
2. Cite the goals and plans for professional improvement you listed in your last self-assessment report and describe how you accomplished those goals and plans, or why you did not.
3. What are your goals and plans for professional improvement during the next three years, and how would successfully completing these goals improve your success in working with students?
4. **This question for Full-Time Faculty Only:** Part of your full-time teaching assignment includes five hours per week service for instruction-related student-support activities. Please describe the activities you engaged in since your last evaluation to meet this requirement. If you served on college committees during this evaluation period, what were your contributions and/or professional development outcomes from that involvement?

____ continuing professional development

____ sponsorship and support of student activities

____ participation in budget development and employment interviewing

____ college and district committees

____ department and division meetings

____ curriculum development

____ articulation and matriculation

____ writing of grant proposals and research projects

____ recruitment and high school relations

____ registration advisement

____ activities of faculty governance

____ preparation and updating of course outlines

____ community outreach and interface

5. What can be done by the college to help improve your services?

Please retain a copy of this form for use in our next evaluation. A copy of your evaluation forms and a summary of your student evaluations will be placed in your personnel file.

Faculty Member's Signature

Date

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PURPOSE, INSTRUCTIONS, AND DEFINITIONS

(Do not proceed without reading instructions.)

The Purpose of Evaluation is:

"...to provide a genuinely useful and substantive assessment of faculty performance, to recognize and acknowledge good performance, to enhance performance, and to help employees further their own growth. The evaluation process should be implemented in a positive, supportive manner that encourages self-improvement and excellence in the faculty member's areas, promotes professionalism and enhances performance." (From Section 12.1 of the Agreement between the VCCCD and AFT Local 1828.)

Tenure Review of Probationary Faculty

Please review Article 11 of the collective bargaining agreement before proceeding.

Pursuant to Article 11.6 B (4) there is a "Difference in [evaluation] Criteria Weighting for First, Second, and Third Contracts." Select and use the appropriate criteria to be weighted the most by Tenure Review Committee members when completing this evaluation process.

- 1st and 2nd contract: All criteria considered, with the primary assignment criteria most important.
- 3rd contract: All criteria considered with candidate expected to be fully-participating member of campus community

Instructions

- * Rate only those areas where you possess first-hand knowledge based on direct observation of evaluatee's performance and/or other substantiated sources.
- * Provide a detailed response **with examples** where applicable.
- * **You may** Use the rating system below for each applicable criterion.
- * You may use the electronic version of this form (comment boxes are expandable) or hard copy to be completed manually. If needed, attach extra sheets of paper to accommodate detailed responses and cite the section and item being addressed.

RATING SYSTEM

E	-	Excellent / Far-Exceeding Expectations
V	-	Very Good / Above Satisfactory
S	-	Satisfactory / Meets Expectations
N	-	Needs to improve / Not Meeting Expectations
U	-	Unsatisfactory / Critical
N/O	-	Not observed / May exist but not observed
N/A	-	Not applicable / Not expected

obligations

Instructor Name:

Written and Printed on: March 23, 2017

Tenure Track

ADMINISTRATOR AND PEER EVALUATION FORM FOR FACULTY*(The purposes of evaluation are described in Article 12 of the VCCCD Agreement)***NAME OF EVALUATEE:** _____**EVALUATION PERIOD: Year:** _____**Evaluator:** (Please Print) _____Fall: ☐ Spring: ☐**Type of Evaluator:** (check one) ☐ Peer ☐ Department Chair or Designee ☐ Dean**Location:** (check one)☐ Moorpark College ☐ Oxnard College ☐ Ventura College ☐ Other (specify): _____**POSITION OF EVALUATEE:****Discipline or Program:** _____☐ Hourly☐ Full-Time, Tenured☐ Tenure-Track1st Contract: ☐ 2nd Contract: ☐ 3rd Contract: ☐ 4th Contract: ☐**Type of Evaluation:** (check all that apply *and attach appropriate addendums*)☐ **Observation-Based**☐ Instructor☐ Counselor☐ Coach☐ Other (specify): _____☐ **Product-Based/Documentation Based**☐ Librarian☐ Coordinator/Department Chair/Director☐ Distance Education☐ Other (specify): _____

Do not sign this form until you have completed the evaluation meeting.

I am aware of my rights as provided in Article 12 of the VCCCD Agreement. I have read this report, am aware of the opportunity to add my own comments, and recognize that I have the right to discuss it with the college president if I so desire.

Faculty Member's Signature_____
Date_____
Evaluator's Signature_____
Date

Core Evaluation: Hourly, Full-Time, and Tenure-Track

EVALUATION FOR ALL FACULTY**Professionalism & Responsibility**

		E	V	S	N	U	NO	N/A
1.	Demonstrates cooperation and sensitivity in working with colleagues, staff, and students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is accessible to students; responds to student emails and other inquiries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Submits required departmental reports and other necessary paperwork, including census, and/or positive attendance, student learning outcomes documentation, and grades on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Orders textbooks, instructional materials, and equipment in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Maintains work schedule and keeps appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Exercises good judgment in the use of facilities, equipment, and supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Observes health and safety regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Meets flex requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Participates in department and division meetings, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Makes a positive contribution to the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Demonstrates continuing professional development in subject areas of assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Demonstrates progress toward self-determined individual and developmental goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Professionalism and Responsibility:

(Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

Instructor Name:

Written and Printed on: March 23, 2017

Full-Time Faculty Only (Tenured and Tenure-Track, as appropriate)

Full-Time Faculty Responsibilities (continued)

		E	V	S	N	U	NO	N/A
1.	Maintains office hours and is accessible to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Participates in screening/hiring committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Participates in overall departmental program development, maintenance, evaluation, updating of course outlines, and/or expansion of programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Provides information for the development of departmental budgets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contributes to curriculum development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Demonstrates a pattern of service with college committees, projects, and/or student organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has fulfilled commitments with respect to any committees, projects, or activities they have chosen during the current evaluation period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student-Support and Collegewide Activities

Please evaluate only the faculty member's participation in the activities they have chosen during the current evaluation period. (Only evaluate areas about which you have direct personal knowledge.)

		E	V	S	N	U	NO	N/A
1.	Sponsors and provides support for student activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Participates in college and/or district budget development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Participates in college and/or district committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Participates in articulation and matriculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Writes grant proposals and/or research projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Participates in recruitment and high school relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Conducts registration advisement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is active in faculty governance, representation and advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Participates in community outreach and interface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructor Name:

Written and Printed on: March 23, 2017

Observation-Based Performance Review: Instructor

ADDENDUM: JOB PERFORMANCE - OBSERVATION (Answer all applicable areas)**Nature of Work in Progress**

In to provided space or on attached sheets, describe in detail the content of the lesson, the teaching techniques employed, and the activities of the students. In the case of non-classroom observation, describe the activity and related performance observed. Include specific comments about the appropriateness and effectiveness of what was observed. Where appropriate, note what was commendable, make constructive criticisms about what might be improved, and suggest alternatives. If any ratings below satisfactory were issued, recommendations for improvement are required of the evaluator and should be included in the Overall Summary and Recommendations portion of **the main evaluation form**. Explain how you reached your conclusions.

Comments: (Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

Instructional Delivery		E	V	S	N	U	NO	N/A
1.	Voice and delivery are clear and understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Employs multiple teaching approaches where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Communicates ideas clearly, concisely and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Paces class according to the level and material presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Uses class time effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The teaching method and techniques observed are effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Conducts class in accordance with instructional schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructor Name:

Written and Printed on: March 23, 2017

Observation-Based Performance Review: Instructor

Faculty/Student Interaction		E	V	S	N	U	NO	N/A
8.	Students are engaged in lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Demonstrates sensitivity to differing student learning styles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Stimulates student interest in materials presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Measures student performance in fair and valid ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Demonstrates sensitivity in working with students of diverse racial and ethnic backgrounds, sexual orientations, as well as physical and mental abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Content

13.	The content of the lesson observed was: Current <input type="checkbox"/> Adequate <input type="checkbox"/> Outdated <input type="checkbox"/>
14.	The content of the lesson was consistent with the course outline: Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	The lesson was at the appropriate level for the course: Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments on Observation:

(Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

Instructor Name:

Written and Printed on: March 23, 2017

Observation-Based Performance Review: Instructor Counselor

Presentation		E	V	S	N	U	NO	N/A
1.	Presents information and directions to students in a clear and organized way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Advisement methods and techniques utilized are effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty/Student Interaction		E	V	S	N	U	NO	N/A
3.	Listens well and provides opportunities for students to express their concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Helps students define and seek solutions to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Gives the student an opportunity for follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Directs counselees to appropriate sources of information/assistance when advisable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Respects students' confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Demonstrates sensitivity in working with students of diverse racial and ethnic backgrounds, sexual orientations, as well as physical and mental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Content		E	V	S	N	U	NO	N/A
9.	Demonstrates knowledge of district classes, resources and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Demonstrates knowledge of current course articulation and program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	The content of the session observed was consistent with advisement objectives and student needs	Yes <input type="checkbox"/> No <input type="checkbox"/>						

Service Assignment Objectives		E	V	S	N	U	NO	N/A
12.	Communicates and networks effectively with secondary and four-year schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Researches questions brought by students as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructor Name:

Written and Printed on: March 23, 2017

Observation-Based Performance Review: Instructor Counselor

Comments on Observation:

(Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

Instructor Name:

Written and Printed on: March 23, 2017

Observation-Based Performance Review: Coach

Faculty/Student Interaction		E	V	S	N	U	NO	N/A
1.	Students are engaged in activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Demonstrates sensitivity to differing student learning styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Stimulates student interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Measures student performance in fair and valid ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Demonstrates sensitivity in working with students of diverse racial and ethnic backgrounds, sexual orientations, as well as physical and mental abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Holds students accountable for proper decorum during practice and competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Responsibilities		E	V	S	N	U	NO	N/A
6.	Supervises the routine security, upkeep, repair, and replacement of facilities and equipment in assigned area of assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Consults with appropriate college faculty and staff about related projects and work assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Adheres to CCCAA Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Demonstrate proper decorum during practice and competitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Consults with Dean concerning all expenditures outside of the department budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Consults with Dean concerning all fundraising activities and contracts with outside vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Fulfills specific job description requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Observation:

(Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

Instructor Name:

Written and Printed on: March 23, 2017

Product-Based/Documentation-Based Performance Review: Librarian

Presentation and Content		E	V	S	N	U	NO	N/A
1.	Communicates information clearly, concisely, and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Utilizes knowledge of current trends and technology in library information science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Demonstrates knowledge of research methods and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty/Student Interaction		E	V	S	N	U	NO	N/A
4.	Assists students to reach reference and research objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Facilitates self-reliance in library usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Demonstrates sensitivity in working with students of diverse racial and ethnic backgrounds, sexual orientations, as well as physical and mental abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Assignment Objectives		E	V	S	N	U	NO	N/A
7.	Consults with other librarians and departments to provide students with up-to-date information and programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Assists in building, organizing, and maintaining library collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Observation:

(Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

Instructor Name:

Written and Printed on: March 23, 2017

Product-Based/Documentation-Based Performance Review: Coordinator/Department Chair

		E	V	S	N	U	NO	N/A
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		E	V	S	N	U	NO	N/A
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		E	V	S	N	U	NO	N/A
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Observation:

(Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

Instructor Name:

Written and Printed on: March 23, 2017

Product-Based/Documentation-Based Performance Review: Distance Education

Presentation and Content		E	V	S	N	U	NO	N/A
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty/Student Interaction		E	V	S	N	U	NO	N/A
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Observation:

(Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

Instructor Name:

Written and Printed on: March 23, 2017

APPENDIX D Overall Summary

~~APPENDIX D FORM A2~~

Overall Summary and Rating

OVERALL COMMENTS / RECOMMENDATION:

Comment on professional performance, specifying, where relevant, areas of excellence and areas requiring improvement. If there are areas requiring improvement, make constructive, specific recommendations to evaluatee.

EVALUATOR'S OVERALL RATING

- ☐ Excellent
- ☐ Very Good
- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory

Instructor Name:

Written and Printed on: March 23, 2017