

CONTRACT FACULTY MEMBER EVALUATION SUMMARY

This Evaluation Summary is to represent a composite view of the best professional judgment of this evaluation committee based on the Forms IE 1 and IE 2 (student evaluations) regarding the total contribution of the faculty member as a member of the College staff. As such, it must represent the total impression of the faculty member as a facilitator of student progress, representing: direct observations, impressions gained through a consideration of student formal and informal evaluations, opinion professionally expressed by a significant number of colleagues, and observed or reliably reported professional behavior. Judgment should be in relation to facilitating student progress, providing a suitable learning environment, or performance expected as part of the faculty member's regular assignment and responsibilities outlined in Article 6 of the *YCFA/District Agreement*.

SUMMARY Evaluation of:

---

(A) EVALUATION: (items 1 through 6 from Forms IE 1 and IE 2) (if necessary, use additional paper)

(B) TOTAL IMPRESSION as a member of the College staff

(C) RECOMMENDATION TO CHANCELLOR REGARDING EMPLOYMENT:

FIRST YEAR: RE-EMPLOY (one year) DO NOT RE-EMPLOY

SECOND YEAR: RE-EMPLOY (two years) DO NOT RE-EMPLOY

THIRD YEAR: MAKE RECOMMENDATIONS BELOW

FOURTH YEAR: RE-EMPLOY (as Categorical) DO NOT RE-EMPLOY

FURTHER EVALUATION IS TO BE DONE EACH THIRD YEAR HEREAFTER

DATE: RE-EMPLOY (as Categorical) DO NOT RE-EMPLOY

SUGGESTIONS TO FACULTY MEMBER FOR IMPROVEMENT (if appropriate):

The above evaluation represents our best professional judgment:

Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Senate Peer (if assigned) \_\_\_\_\_ Date \_\_\_\_\_

Department Peer (if assigned) \_\_\_\_\_ Date \_\_\_\_\_

Evaluatee Peer \_\_\_\_\_ Date \_\_\_\_\_

I have had the opportunity to read this report and discuss it with the evaluators. I recognize that I have the right to write comments regarding this evaluation and to carry out any additional self-evaluation that I wish to include.

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Reviewed and Approved by \_\_\_\_\_ Date \_\_\_\_\_

VP/President-YC\_\_President-WCC