



# Tenured Faculty Evaluation Packet

*(Includes Non-Teaching Faculty, Coordinators,  
Counselors, Librarians, and Health Service Staff)*

This packet is designed to assist you in completing the process of faculty evaluations per FARSCCD contract, Article 8.

Section 8.15 and thereafter primarily address the evaluation of tenured faculty.

## Classroom/Worksite Observation Criteria

The following criteria are provided to assist the evaluator in the preparation of the observation report. Effective performance may include, but is not limited, to the following:

### Currency and Depth of Knowledge

- Material presented relates to course and class outlines
- Material presented requires students to generalize, compare, contrast, analyze or synthesize
- Material is presented at a level promoting student understanding
- Identifies questions appropriate to the course or current discussion

### Methods and Techniques of Instruction/Responsiveness to Students

- Engages students so they remain for entire class/laboratory session
- Employs visual aides/handouts
- Talks to the class using understandable vocabulary and patterns of speech
- Nonverbal communication supports instruction and sustains attention
- Humor, voice levels and eye contact are used appropriately
- Divergent points of view are noted where appropriate for understanding
- Students are addressed by name
- Questions are used to engage students
- Key student contributions are summarized
- Promotes positive attitudes of students toward fellow students
- Responds positively to student nonverbal clues indicating boredom, curiosity, confusion, or frustration

### Organizational Skills

- Handles students coming late/leaving early appropriately
- Instructor arrives on time and holds class for the assigned time
- Sufficient time is given for responses to and from students
- Visual aides/handouts are visible, clear, and organized
- Instructor responds to individual/group needs

### Relevance of Laboratory to Class Objectives: Safety of Students and Aides

- Maintains a safe/comfortable learning environment
- Group/individual activities contribute to course learning
- Student laboratory experience promotes general course goals
- Reviews of the class/laboratory are conducted as appropriate

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT  
**Tenured Faculty Self-Evaluation Report**

Faculty Member's Name: \_\_\_\_\_ Site \_\_\_\_\_  
(please print)

Faculty Member's Employee ID #: \_\_\_\_\_

Class: \_\_\_\_\_

**The Self-Evaluation should address perceived strengths and areas for improvement. Also, describe your participation in the improvement of student learning related to student outcomes. This document will be included in the self-evaluation portfolio along with class materials and other pertinent documents (publications, awards, verification of staff development activities, etc.).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Article 8 Section 8.15.3 of FARSCCD contract requires that the Self-Evaluation Report be completed the first week in October.

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT  
**Tenured Faculty Classroom/Worksite Observation Report**

Faculty Member's Name: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_  
(Date of observation)

Faculty Member's Employee ID #: \_\_\_\_\_

Site: \_\_\_\_\_

Class: \_\_\_\_\_

I. Currency and Depth of Knowledge:	<p><u>Check one:</u>                  Does not meet expectations* ____</p> <p>Meets expectations ____</p>
-------------------------------------	---

II. Methods and Techniques of Instruction/Responsiveness to Students:	<p><u>Check one:</u>                  Does not meet expectations* ____</p> <p>Meets expectations ____</p>
---	---

III. Organizational Skills:	<p><u>Check one:</u>                  Does not meet expectations* ____</p> <p>Meets expectations ____</p>
-----------------------------	---

IV. Relevance of Laboratory to Class Objectives/Safety of Students and Aides:	<p><u>Check one:</u>                  Does not meet expectations* ____</p> <p>Meets expectations ____</p>
---	---

**\* Comments regarding performance that does not meet expectations should include specific citations of weakness and specific recommendations for improvement.**

Observer *(please print)*: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Faculty Member *(please print)*: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** Per Article 8.15.6 & 8.16.5, my signature indicates that I have read this report but does not necessarily indicate that I agree with it. I understand that I must respond in writing within 10 working days in order for the response to become part of the official evaluation.

**Administrative Tenured Faculty  
Summary Evaluation Report**

Faculty Member's Name: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_  
(Date of observation)

Faculty Member's Employee ID #: \_\_\_\_\_

Site: \_\_\_\_\_

Class: \_\_\_\_\_

I. Classroom Performance ( <i>attached Classroom Observations</i> ), or performance in primary area of assignment, e.g., program coordinator, counselor, librarian:	<p><u>Check one:</u> Does not meet expectations* ____  Meets expectations ____</p>
---	--

II. Respect for students and colleagues:	<p><u>Check one:</u> Does not meet expectations* ____  Meets expectations ____</p>
--	--

III. Professional growth and responsibilities:	<p><u>Check one:</u> Does not meet expectations* ____  Meets expectations ____</p>
--	--

**Recommendation** (*Check if applicable*) Special Evaluation Recommended \_\_\_\_

Administrator (*please print*): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Faculty Member (*please print*): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** *Per Article 8.15.6 & 8.16.5, my signature indicates that I have read this report but does not necessarily indicate that I agree with it. I understand that I must respond in writing within 10 working days in order for the response to become part of the official evaluation.*

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT  
**Faculty Performance Improvement Plan**

Faculty Member's Name: \_\_\_\_\_ Page: \_\_\_\_\_  
*(please print)*

Faculty Member's Employee ID #: \_\_\_\_\_ Site: \_\_\_\_\_

Class: \_\_\_\_\_

**This plan should present specific recommendations for improvement to meet expectations in response to specific weaknesses cited in the "Summary Evaluation Report."**

Administrator *(please print)*: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Faculty Member *(please print)*: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_