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| **Part-Time Instructor Assessment by Duties (under Article 5)** |
| Name of Instructor: |  |  |  | Class: |  |  |
| Name of Evaluator: |  |  |  | Date: |  |  |
|  |  |  |  |  |  |  |
|  *\*Please note if any component is not observed.* |  | **Excellent** | **Good** | **Adequate** | **Needs Improvement** |
| **NON-DISCRIMINATION**  |
| Provide services to students in a manner which does not discriminate as to race, creed, religion, color, national origin, disability, age, sex, sexual preference or marital status. | 4 | 3 | 2 | 1 |
| **REMAIN CURRENT**  |
| Remain current in respective field(s). Teaching Faculty assigned to programs that train students for employment in fields which require certification or licensure shall possess certification or licensure which meets or exceeds that required for employment in the field. | 4 | 3 | 2 | 1 |
| **COLLEGE SAFETY** |
| Maintain College safety standards in work area(s); ensure that students are trained in good safety practices; and make reasonable efforts to ensure that students follow good safety practices. (See Article 27.4, Faculty/AP Agreement.) | 4 | 3 | 2 | 1 |
| **COMPLY WITH POLICIES** |
| Comply with published College Policies and Procedures. Management will notify employees of those policies and procedures applicable to their work. | 4 | 3 | 2 | 1 |
| **GUIDE STUDENTS** |
| Be responsible for guiding assigned students in meeting their respective educational goals, exercising professional judgment based upon adequate professional knowledge of the subject matter, needs of the individual students, teaching strategy, inter-personal relationships and teaching theory. | 4 | 3 | 2 | 1 |
| **INSTRUCT STUDENTS** |
| Instruct students, using approved course content and outcome guides developed by college-wide subject area Faculty. | 4 | 3 | 2 | 1 |
| **ASSESS AND GRADE** |
| Assess and grade student achievement of learning outcomes. | 4 | 3 | 2 | 1 |
| **USE STUDENT FEEDBACK** |
| Use student feedback to improve teaching. | 4 | 3 | 2 | 1 |
| **REVISE/DEVELOP CURRICULUM** |
| Revise/develop courses and curriculum. The development of new courses or the major revision of existing courses shall be in accordance with Article 6.24 | 4 | 3 | 2 | 1 |
| **ADVISING AND GUIDANCE** |
| Provide registration, advising and guidance assistance to students. | 4 | 3 | 2 | 1 |
| **AVAILABLE**  |
| Be available for student contact.  | 4 | 3 | 2 | 1 |
|  |  |  | **Excellent** | **Good** | **Adequate** | **Needs Improvement** |
| **STAFF MEETING/DEVELOPMENT**  |
| Attend one staff meeting (approximately two hours or less) or staff development activity per term.  | 4 | 3 | 2 | 1 |
| **CONFERENCES**  |
| Provide additional hours for student conferences or tutoring for designated writing courses specified in Article 6.222. | 4 | 3 | 2 | 1 |

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| **STRENGTHS:** |
| **WEAKNESSES:** |
| **DEVELOPMENT PLAN:** *Identify the instructional areas on which to improve in order to increase teaching effectiveness. For each area listed, indicate supporting activities to achieve effectiveness.* |
| **FOLLOW-UP ASSESSMENT:** *To be filled out by the assessor and signed by the assessor and instructor.* |
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|  | Routine, periodic observations. |
|  | Routine, periodic observations plus a follow-up meeting with a full-time instructor and/or the division dean within two terms after the observation. |
|  | Regular, periodic observations and a follow-up meeting with a full-time instructor and/or the division dean for each of the next two consecutive terms; required visits of other classrooms to observe different instructors. |
|  | An observation each term for the next two to three terms; follow-up meetings with a full-time instructor and/or the division dean to discuss improvement s that need to be made and to document progress; required classroom visits to observe different instructors an individual professional improvement plan (for example, peer mentoring). |

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| ASSESSOR’S NAME: |  | DATE: |  |
| ASSESOR’S SIGNATURE: |  |  |
| **I HAVE READ THE ABOVE AND AM AWARE THAT IT WILL BECOME PART OF MY DEPARTMENT AND/OR PERSONNEL FILE. I ALSO UNDERTAND THAT I MAY WRITE A RESPONSE TO THIS EVALUATION FOR INCLUSION IN MY DEPARTMENT AND/OR PERSONNEL FILE.** |
| INSTRUCTOR’S NAME: |  | DATE: |  |
| INSTRUCTOR’S SIGNATURE: |  |  |
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