



Tenured Unit Member Evaluation Packet

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

This packet is designed to assist you in completing the process of unit member evaluations per FARSCCD contract, Article 8. Section 8.5 and thereafter primarily address the evaluation of tenured unit members.

Classroom/Worksite Observation Criteria

Depending on the unit member role, there are 3 forms to select from included in this packet:

1. Unit Member: Instructional Assignments
 - a. Use the instructional observation report for on campus classes.
 - b. Use the DE Evaluation for online/hybrid classes.
2. Unit Member: Non-Instructional Assignments (counselors, coordinators, librarians, health services and DSPS unit members)
 - a. Use the worksite observation report
3. Colleague Consultation Memo
 - a. Use the colleague consultation memo if Option 2 or Option 3 are selected

Per Article 8.3.3, 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

- Provides instruction consistent with the Course Outline of Record.
- Creates an environment conducive to discussion, analysis, and critical thinking.

Methods and Techniques of Instruction/Responsiveness to Students

- Provides organized and effective delivery of instruction.
- Remains courteous to and approachable by students.
- Stimulates student participation.
- Engages with students and encourages all to respect the opinions of others.
- Shows enthusiasm for the subject matter.
- Uses effective motivation to create desire in students to learn the subject/skill(s).
- Employs a variety of instructional materials.
- Makes effective use of teaching aids and materials, including visual, audio and various modalities.
- Demonstrates respect for students in general, creating a learning environment that is conducive to learning, setting up an atmosphere of trust and sensitivity.
- Evidence of understanding of Diversity, Equity, Inclusion, and Accessibility (DEIA) that enhances the educational experience for students.

Organization Skills

- Plans for and is well prepared to teach.
- Observes appropriate safety protocols.
- Manages student conduct to avoid disruption.
- Arrives on time and holds class for the assigned time.
- Provides sufficient time for responses to and from students.
- Utilizes group/individual activities that contribute to learning.

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

- Maintains a safe learning environment.
- Aligns student laboratory assignments to the Course Outline of Record.

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
Tenured Unit Member Self-Evaluation Report

Name: _____ **Employee ID #** _____
(Unit member member's name – please print)

Discipline : _____ **Dept:** _____ **Site:** _____

The Self-Evaluation should address perceived strengths and areas for improvement. This document shall be included in the self-evaluation portfolio along with class materials (sample syllabi, assignments, etc.) and other pertinent documents (publications, awards, verification of staff development activities, etc.).

The Self-Evaluation Report should describe your experience with:

- Student learning outcomes.
- Campus involvement and institutional service.
- Examples of actions have you taken to improve understanding of Diversity, Equity, Inclusion, and Accessibility (DEIA) to enhance the educational experience for students.
- Professional development.
- Other departmental, discipline or industry related contributions.

(*Additional pages can be attached as needed)

Signature: _____ **Date:** _____

Note: Article 8 Section 8.4.1.A.7 of FARSCCD contract requires that the Self-Evaluation Report be completed the 12th week of the semester.

Original – Return to Supervising Administrator

Unit Member's Name: _____ Date: _____
 (please print) (Date of observation)

Unit Member's Employee ID #: _____ Site: _____

Class: _____
 (include class number & title)

I. Currency and Depth of Knowledge:	<u>Check one:</u> Outstanding Meets expectations Needs Improvement* Unsatisfactory*
II. Methods and Techniques of Instruction/Responsiveness to Students and/or Professionalism and Civility:	<u>Check one:</u> Outstanding Meets expectations Needs Improvement* Unsatisfactory*
III. Organizational Skills:	<u>Check one:</u> Outstanding Meets expectations Needs Improvement* Unsatisfactory*
IV. Relevance of Laboratory to Class Objectives/Safety of Students and Aides (if applicable)	<u>Check one:</u> Outstanding Meets expectations Needs Improvement* Unsatisfactory*

Strengths Observed (Narrative Required):	

Suggestions for Improvement (Narrative Required):

Observer (*please print*): _____ Date: _____

Signature: _____

Unit member (*please print*): _____ Date: _____

Signature: _____

Note: Per Article 8.3.E, my signature indicates that I have read this report but does not necessarily indicate that I agree with it. Per Article 8.5.2.12 I understand that I must respond in writing within 15 working days in order for the response to become part of the official evaluation.

Original – Unit member

Copy – Supervisor (Submit to Human Resources)

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Tenured Unit Member Worksite Observation Report

Unit Member's Name: _____
(please print)

Date: _____
(Date of observation)

Unit Member's Employee ID #: _____

Site: _____

Worksite: _____
(include class number & title)

I. Currency and Depth of Knowledge:	<u>Check one:</u> Outstanding Meets expectations Needs Improvement* Unsatisfactory*
II. Methods of Student Support Practices /Responsiveness to Students:	<u>Check one:</u> Outstanding Meets expectations Needs Improvement* Unsatisfactory*
III. Organizational Skills:	<u>Check one:</u> Outstanding Meets expectations Needs Improvement* Unsatisfactory*
IV. Professionalism and Civility	<u>Check one:</u> Outstanding Meets expectations Needs Improvement* Unsatisfactory*

**Comments regarding performance that does not meet expectations should include specific citations of weakness. Specific recommendations for improvement should be included in the FPIP.*

Strengths Observed (Narrative Required):	

Suggestions for Improvement (Narrative Required):

Observer (*please print*): _____ Date: _____

Signature: _____

Unit Member (*please print*): _____ Date: _____

Signature: _____

Note: *Per Article 8.3.E, my signature indicates that I have read this report but does not necessarily indicate that I agree with it. Per Article 8.5.2.12 I understand that I must respond in writing within 15 working days in order for the response to become part of the official evaluation.*

Original – Unit member

Copy – Supervisor (*Submit to Human Resources*)

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
Colleague Consultation Memo

Name: _____ **Employee ID #** _____
(Unit member's name – please print)

Discipline : _____ **Dept:** _____ **Site:** _____

The Colleague Consultation Memo should address perceived strengths and areas for improvement. This document should address areas relevant to the unit member's primary area of responsibility including but not limited to counseling strategies, textbooks, course overviews, handouts, exams, teaching techniques, daily assignments, classroom assessment techniques, etc.

Unit Member's Colleague *(please print)*: _____ **Date:** _____

Signature: _____

Unit Member *(please print)*: _____ **Date:** _____

Signature: _____

Note: *Per Article 8.3.E, my signature indicates that I have read this report but does not necessarily indicate that I agree with it. Per Article 8.5.2.12 & 8.5.3.12 I understand that I must respond in writing within 15 working days in order for the response to become part of the official evaluation.*

Original – Return to Supervising Administrator

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Tenured Unit Member

Summary Evaluation Report

Per Article 8.8.1, the Supervising Administrator will meet with the unit member peer evaluators to review all of the evaluation materials. At this meeting, the peer evaluators will make their recommendations to the administrator. The supervising administrator will prepare this form, which summarizes the results of all evaluation activities. The peer evaluators will have an opportunity to review this form for accuracy and signature prior to submission to the evaluatee.

Name: _____ **Employee ID #** _____
(Unit member's name – please print)

Discipline : _____ **Dept:** _____ **Site:** _____

<p>I. Classroom/Worksite Performance (attached Classroom/Worksite Observations) e.g., instructional unit member, program coordinator, counselor, librarian, coach:</p>	<p><u>Check one:</u></p> <p>Outstanding</p> <p>Meets expectations</p> <p>Needs Improvement*</p> <p>Unsatisfactory*</p>
<p>II. Respect for students and colleagues:</p>	<p><u>Check one:</u></p> <p>Outstanding</p> <p>Meets expectations</p> <p>Needs Improvement*</p> <p>Unsatisfactory*</p>
<p>III. Professional growth and responsibilities, and administrative summary:</p>	<p><u>Check one:</u></p> <p>Outstanding</p> <p>Meets expectations</p> <p>Needs Improvement*</p> <p>Unsatisfactory*</p>

**Comments regarding performance that does not meet expectations should include specific citations of weakness. Specific recommendations for improvement should be included in the FPIP.*

Recommendation <i>(Check if applicable)</i> Special Evaluation Recommended

Administrator *(please print)*: _____

Date: _____

Signature: _____

Colleague *(please print)*: _____

Date: _____

Signature: _____

Unit Member *(please print)*: _____

Date: _____

Signature: _____

Note: *Per Article 8.3.E, 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 15 working days in order for the response to become part of the official evaluation.*