

Gavilan College

Part-Time Faculty Evaluation

Cover Page

OBSERVER	<u>SECTION 1 PART-TIME FACULTY (EVALUATEE)/OBSERVER INFO</u>		
	EVALUATEE NAME: _____	SEMESTER: _____	
	COURSE _____	CLASS LOCATION: _____	
	OBSERVED: _____		
	TRAINED FACULTY OBSERVER NAME: _____ (TFO)	DATE OBSERVED: _____	
	I RECOMMEND THE SUPERVISING ADMINISTRATOR FOLLOW UP WITH ADDITIONAL OBSERVATION <input type="checkbox"/> YES <input type="checkbox"/> NO		
	<u>ATTACHED FORMS IN SUPPORT OF EVALUATION:</u>		
	<u>PROCESS</u>		
	<input type="checkbox"/> OBSERVATION OF FACULTY (completed by observer)	<input type="checkbox"/> OBSERVATION OCCURRED: <small>(WITH TRAINED FACULTY OBSERVER)</small>	_____ DATE
	<input type="checkbox"/> ADMINISTRATIVE EVALUATION OF FACULTY (completed by the supervising administrator)	<input type="checkbox"/> POST OBSERVATION MEETING OCCURRED: <small>(WITH TRAINED FACULTY OBSERVER)</small>	_____ DATE
<input type="checkbox"/> SELF EVALUATION (completed by the evaluatee)	<p>Per Article 19, the Trained Faculty Observer (TFO) will be paid \$150 per completed observation form or three (3) flex/co-curricular hours. My signature below acknowledges that I completed the observation form; reviewed it with the evaluatee and provided the supervising administrator with confirmation of completion.</p> <p>_____ Date</p>		
<input type="checkbox"/> STUDENT EVALUATION REPORT (reports are distributed by either the Office of Academic Affairs for instructional based assignments or the Office of Student Services for counseling assignments)			

ADMINISTRATOR / EVALUATEE	<u>SECTION 2 ACKNOWLEDGMENTS</u>		
	WE ACKNOWLEDGE RECEIPT OF FORMS AND COMPLETION OF EVALUATION PROCESS.		
	_____	_____	_____
	PRINTED NAME OF EVALUATEE	SIGNATURE OF EVALUATEE	DATE
_____	_____	_____	
PRINTED NAME OF SUPERVISING ADMINISTRATOR	SIGNATURE OF SUPERVISING ADMINISTRATOR	DATE	