

RIVERSIDE COMMUNITY COLLEGE DISTRICT
IMPROVEMENT OF INSTRUCTION – ASSOCIATE FACULTY EVALUATION
 COVER SHEET

Evaluatee:	Semester/ Year:
Department/Discipline:	Original Hire Date:
Normal Schedule: <input type="checkbox"/> 1 st Term of hire <input type="checkbox"/> 3 rd Semester of Hire <input type="checkbox"/> 5 th Semester of Hire <input type="checkbox"/> Every third year of hire thereafter	
Special Schedule: <input type="checkbox"/> Annual Eval. for Accreditation Standards Program Name: _____	

This improvement of instruction evaluation report includes:

- ☐ **Copies of a written report with a classroom observation, review of syllabi and student surveys**
 - ☐ This report shall be directly related to the associate faculty member's performance and may include, but not be limited to, subject matter expertise, communication skills, adherence to course outlines of record, timeliness and accuracy of required Class I records and reports. (See Contract Article XI, C3b)
- ☐ **Department chair's review and comments (or Sheriff's Department Coordinator, or Fire Technology Coordinator review and comments)**
- ☐ **Student survey questionnaire and summary, typed student comments**
- ☐ **Due to limited interaction student surveys are not be included for this faculty member's lab assignment. (Note: this applies to open lab situations where faculty do not consistently interrelate with the same students.)**
- ☐ **Supervising administrator's signature and comments including faculty member's attention to class one documents after review of report.**

I. OBSERVER/DEPARTMENT CHAIR OR DESIGNEE (designee should be from the faculty member's discipline or closely related discipline) or Sheriff's Department or Fire Technology Coordinator

- ☐ A Classroom observation attached
- ☐ A review of syllabi was completed and comments regarding needed improvements are included in observation (if the syllabi do not meet accreditation standards please insure that the instructor revises their syllabi before offering another course and places a copy on file with the department chair)
- ☐ The syllabi used by this instructor meet accreditation standards
- ☐ A review of student surveys was completed and comments are included in observation

Overall Finding:	Satisfactory	Needs Improvement*	Unsatisfactory**
I met with the Faculty Member to discuss the evaluation.	In Person on _____ Date	Via Phone on _____ Date	

Signature of reviewer: _____ **Title of reviewer:** _____

Print Name: _____

*"If an associate faculty member, on the Three-Year Evaluation Cycle, receives a 'needs improvement' or 'unsatisfactory' evaluation, then the two senior faculty members of the discipline within the Department shall review the evaluation and, if the two senior faculty members find that the 'needs improvement' or 'unsatisfactory' was not warranted, they will write a written report to be included in the final evaluation. It is understood that a "needs improvement" or 'unsatisfactory' evaluation does not in any way guarantee an assignment in the next term."

**If two consecutive 'Needs Improvement' or one 'Unsatisfactory' evaluation(s) is given, then it precludes the associate faculty member from Reemployment Preference.

If 'Needs Improvement' is given, then faculty member must be evaluated the next term he/she teaches.

Needs Improvement or Unsatisfactory Review (by two senior faculty members) if on the Three-Year Evaluation Cycle:
____ Not Needed due to Satisfactory Review ____ Agree with Initial Evaluation ____ A written report is attached

____ Reviewed by _____

II. DEPARTMENT CHAIR REVIEW

- ☐ No Additional Comments
☐ Comments are attached

Department Chair or Designee
(Sheriff's Dept. or Fire Technology Coordinator)

Date

*Please see next page for information regarding a needs improvement rating.

III. EVALUATEE'S RECEIPT: I have received a copy of this report from my department. I am aware that my signature does not necessarily indicate agreement with this evaluation and upon receiving the signed copy from the supervising administrator, that I may submit a written disagreement within fifteen (15) days.

Evaluatee's Signature

Date

IV. SUPERVISING ADMINISTRATOR'S REVIEW:

- ☐ Faculty member adheres to timeliness and accuracy of class one documents
☐ Faculty member fails to adhere to timeliness and/or accuracy of class one documents (details are included in attached memo).
☐ Information related to timeliness and/or accuracy of class one documents was not available at the time of review

Supervising Administrator

Date

RECEIVED BY HUMAN RESOURCES

Date

Forward to the Office of Human Resources for filing.

Signature of Reviewer