

Full-Time Temporary/Grant Funded Faculty Evaluation

2nd Meeting Form – Due F 11/15/2019

Evaluatee: _____ Date: _____

Division: _____ Discipline: _____

Status (circle/check): Year I Year II Year III Year IV Other_____

Check boxes to indicate task has been completed and fill in information as requested.

- Peer Reviews were conducted in accordance with the information given on the 1st Meeting Form, with changes as noted below. Or indicate NO CHANGES.

- Student Evaluations were conducted in accordance with the information given on the 1st Meeting Form, with changes as noted below. Or indicate NO CHANGES.

- The Evaluatee conducted one faculty Peer Observation in accordance with the information given on the 1st Meeting Form, with changes as noted below. Or indicate NO CHANGES.

- Review and discuss:
 - Peer Reviews: including evaluations of samples of assessments, assignments and other materials deemed pertinent to the evaluation process by the Evaluatee or the Review Team.
 - Student Evaluation Summary Reports
 - The Evaluatee's Peer Observation of one faculty member.

- Review and discuss the extent to which the Evaluatee is meeting the requirements and/or goals of the position.

- Record positive characteristics of the Peer Review and the Student Evaluations.

Indicate any areas of concern to be addressed immediately, or indicate NONE. If concerns are noted, include specific improvements needed and a timeline for implementing changes and assessing improvement. If the Evaluatee receives a “Needs Improvement” rating at any time in the future, this information may be incorporated in a work plan.

Record objectives and strategies for growth from among areas of professional outlined in the appendices of the contract evaluation process.

- Teaches Effectively or Library Responsibilities or Counsels Effectively

- Works responsibly within the program/college/community

- Develops Professionally

- Supports Students

Schedule the 3rd Evaluation Meeting, to be completed in the Spring semester by Friday 2/14/20.

Meeting Date	Time	Location

Indicate any other areas of interest or concern of the Evaluatee or the Review Team.

The Review Team has determined the Evaluatee's performance (refer to process document for official definitions)

___ meets or exceeds the evaluation performance standards.

OR

___ needs improvement to address specific areas. In this case, a work plan is required and will be submitted with this meeting form.

OR

___ does not meet the performance standard for Napa Valley College.

We, the undersigned, were all present and have completed the 2nd Evaluation Meeting discussion as described in the evaluation process and recorded on this document.

Evaluatee/Date

Lead Coach/Date

Tenured Division Faculty/Date

Tenured Division Faculty/Date

<p>Deliver to the Academic Senate Office by 11/15:</p> <ul style="list-style-type: none"> - original Meeting Form - Peer Review forms 	<p>Coach keeps copies of:</p> <ul style="list-style-type: none"> - Meeting Form - Peer Review forms 	<p>Evaluatee keeps:</p> <ul style="list-style-type: none"> - Peer Observation forms - Student Evaluation Summary Reports - Any other documents by request
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