

# Full-Time Temporary/Grant Funded Evaluation

## 3<sup>rd</sup> Meeting Form – Due F 2/14/20

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.**

- Schedule one Peer Review to be completed between Monday 2/17 and Friday 3/13. If a change in dates is needed, please indicate reason (i.e. shortened semester, late start, etc.).

Evaluator	Class/Location	Date/Time

- Identify two faculty members for the Evaluatee to do a Peer Observation between Monday 2/17 and Friday 4/17. Evaluatee can use the Peer Observation form on the senate evaluation website.

Faculty Member	Division

- Schedule Student Evaluations, to be completed between Monday 3/16 and Friday 4/3 or give reason for change of date (i.e. shortened semester, late start, etc.).

\_\_\_ Teaching Faculty: one class.

\_\_\_ Librarian: one class or 20 individual evaluations for on-going individual or groups student interactions (Class should be evaluated, if not done in Fall.)

\_\_\_ Counselors: one class or 20 individual evaluations for on-going individual student interactions (Class should be evaluated now, if not done in Fall.)

Class/Location	Date/Time	# Students	Administered by

- Schedule 4<sup>th</sup> (final) Evaluation Meeting to be completed between Monday 4/20 and Friday 5/8.

Meeting Date	Time	Location

- Review the Self-Evaluation Guide and the Evaluation Process Appendices found both on the senate evaluation website and in the evaluation process document. Deadline for the evaluate to deliver their self-evaluation to the team members is Friday 4/17
  
- Review all syllabi using the syllabus checklist as a guide. Discuss and note any immediate changes needed or suggestions for the future, or indicate NONE.
  
- Indicate any other areas of interest or concern of the Evaluatee or the Review Team. Discuss professional development activity needs and record any requested additional professional development activities/trainings on a training request (*if applicable*).

We, the undersigned, were all present and have completed the 3<sup>rd</sup> 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><b>Deliver to the Academic Senate Office by 2/14:</b> - Meeting form</p> <p>The Academic Senate Office will deliver Student Evaluation forms to the evaluation administrator.</p>	<p><b>Coach keeps copy of:</b> - Meeting Form</p> <p><b>Evaluatee can keep copies of anything, by request.</b></p>
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