

**TENURED FACULTY EVALUATION**  
**2<sup>nd</sup> Meeting Form (Due: Friday, 12/6/19)**

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Evaluatee: \_\_\_\_\_ Date: \_\_\_\_\_

Division: \_\_\_\_\_ Discipline: \_\_\_\_\_

- Student evaluations have been reviewed and discussed.  
*Record observations and comments regarding areas of strength identified and/or objectives for growth.*

- Discuss professional development activity needs and record any requested additional professional development activities/trainings on a training request (*if applicable*).

- Learning Outcomes Assessment data has been considered or will be collected.  
*Record observations and comments regarding implementation of new teaching/learning strategies as a result of previous learning outcomes assessment, or future plans for collection of assessment data.*

- Discuss and note other issues related to the evaluation. Or indicate NONE,

**We have completed the 2<sup>nd</sup> Evaluation Meeting discussion described above.**

_____	_____	_____	_____
Evaluatee	Date	Coach	Date
		_____	_____
		Additional Coach (if applicable)	Date

**DELIVER TO THE ACADEMIC SENATE OFFICE as soon as completed**

- Original Meeting form. Final deadline: 12/6.