

TENURED FACULTY
4th (Final) Evaluation Report (Due: Friday, 4/17/20)

Evaluatee: _____ Date: _____

Division: _____ Discipline: _____

Peer Review(s) of Evaluatee

- Peer Review(s) has been reviewed and discussed.
- Areas of strength and objectives for growth have been identified and noted below.

Professional Development (Check the appropriate box and make comments as needed.)

- Professional Development activities have been completed in accordance with 3rd Meeting Form

OR

- Professional Development activities were modified and completed as noted below.

Learning Outcomes Assessment

- Learning outcomes assessment data has been collected this semester in accordance with the department assessment cycle.
- Learning outcomes assessment data will be considered for instructional development on a continual basis. Record observations/comments below.

Suggestions for Institutional Support (Optional – Check appropriate box)

Suggestions for Institutional Support have been made and are attached.

OR

No suggestions for Institutional Support are included.

Process is Complete

Evaluatee and Coach certify that all steps of the process were completed.

Documents for Personnel File

At the request of the Evaluatee, the three documents noted below can be forwarded to their personnel file. Check a box for each document.

Peer Review Report(s) Yes No

Student Evaluation Summary
Reports and Comments Yes No

Self-Evaluation Survey Yes No

We have completed the 4th (Final) 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: 4/17
- Self-Evaluation Survey – *only if to be included in the personnel file.*

TO BE COMPLETED BY THE ACADEMIC SENATE 2ND VICE PRESIDENT:

Process complete Yes No

Academic Senate 2nd Vice President Signature

Date

