

# APPENDIX D (Form A1)

## FACULTY SELF-APPRAISAL REPORT

(The purposes of evaluation are described in Article 12 of the VCCCD Agreement)

NAME OF EVALUATEE: \_\_\_\_\_ DATE \_\_\_\_\_

POSITION OF EVALUATEE : \_\_\_\_\_

**Location:**  Moorpark College  Oxnard College  Ventura College  Other (specify): \_\_\_\_\_

This form is your self-appraisal report, which is designed to record your own assessment of your performance. *Provide this completed form to the division office before the committee meeting.* The primary purpose of evaluation is to assist in the continuous improvement of faculty performance in service to the students and the district.

This form should be completed and forwarded to your dean. Use of electronic word processing to complete this form is recommended. Space is provided below for each topic/question. If additional space is required a blank page has been added at the end of this document.

1. List those activities and/or recent accomplishments which have contributed to your professional growth. For example, courses you have recently taken, participation in professional associations, conferences or workshops you have attended, papers you have delivered or published, community involvement, etc.
2. Cite the goals and plans for professional improvement you listed in your last self-assessment report and describe how you accomplished those goals and plans, or why you did not.
3. What are your goals and plans for professional improvement during the next three years, and how would successfully completing these goals improve your success in working with students?
4. **This question for Full-Time Faculty Only:** Part of your full-time teaching assignment includes five hours per week service for instruction-related student-support activities. Please describe the activities you engaged in since your last evaluation to meet this requirement. If you served on college committees during this evaluation period, what were your contributions and/or professional development outcomes from that involvement?

\_\_\_ continuing professional development

\_\_\_ sponsorship and support of student activities

\_\_\_ participation in budget development and employment interviewing

\_\_\_ college and district committees

\_\_\_ department and division meetings

\_\_\_ curriculum development

\_\_\_ articulation and matriculation

\_\_\_ writing of grant proposals and research projects

\_\_\_ recruitment and high school relations

\_\_\_ registration advisement

\_\_\_ activities of faculty governance

\_\_\_ preparation and updating of course outlines

\_\_\_ community outreach and interface

5. What can be done by the college to help improve your services?

Please retain a copy of this form for use in your next evaluation. A copy of your evaluation forms and a summary of your student evaluations will be placed in your personnel file.

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date

ADMINISTRATOR AND PEER EVALUATION FORM FOR
CONTRACT TENURED
FACULTY

(The purposes of evaluation are described in Article 12 of the VCCCD Agreement)

DATE OF VISIT: ARRIVAL TIME: DEPARTURE TIME:

NAME OF EVALUATEE:

POSITION OF EVALUATEE:

Evaluator: (Please Print)

Type of Evaluator: (check one) Peer Department Chair or Designee Dean

Faculty Function(s) Being Evaluated: (check all that apply)

- Instructor Course Name: Number of Students Attending:
Counselor
Librarian
Other (specify):

Location: (check one) Moorpark College Oxnard College Ventura College
Other (specify):

Do not sign this form until you have completed the evaluation meeting.

I am aware of my rights as provided in Article 12 of the VCCCD Agreement. I have read this report, am aware of the opportunity to add my own comments, and recognize that I have the right to discuss it with the college president if I so desire.
Faculty Member's Signature Date

Evaluator's Signature

Date

Ventura County Community College District

**ADMINISTRATOR AND PEER EVALUATION FORM FOR CONTRACT TENURED FACULTY**

**The Purpose of Evaluation is:**

“...to provide a genuinely useful and substantive assessment of faculty performance, to recognize and acknowledge good performance, to enhance performance, and to help employees further their own growth. The evaluation process should be implemented in a positive, supportive manner that encourages self-improvement and excellence in the faculty member’s areas, promotes professionalism and enhances performance.” (From Section 12.1 of the Agreement between the VCCCD and AFT Local 1828.)

(Do not proceed without reading instructions.)

**Instructions**

- Rate only those areas where you possess first-hand knowledge based on direct observation of evaluatee’s performance and/or other substantiated sources.
- You may use the rating system below for each applicable criterion.
- Provide a detailed response where applicable.
- You may use the electronic version of this form (comment boxes are expandable) or hard copy to be completed manually. If needed, attach extra sheets of paper to accommodate detailed responses and cite the section and item being addressed.

<b><u>RATING SYSTEM</u></b>	
<b>E</b>	<b>Excellent</b>
<b>S</b>	<b>Satisfactory</b>
<b>N</b>	<b>Needs to improve</b>
<b>U</b>	<b>Unsatisfactory</b>
<b>N/O</b>	<b>Not observed</b>
<b>N/A</b>	<b>Not applicable</b>

**SECTION I. Professional Qualities (to be answered for all faculty)**

Using the scale above, please rate the evaluatee based on applicable criteria:

**A. Professionalism**

- |   |   |   |   |   |     |     |
|---|---|---|---|---|-----|-----|
| 1. Demonstrates cooperation and sensitivity in working with colleagues, staff, and students.  | E | S | N | U | N/O | N/A |
| 2. Submits required departmental reports and other necessary paperwork, including census, and/or positive attendance, and grades on time. | E | S | N | U | N/O | N/A |
| 3. Maintains adequate and appropriate records.  | E | S | N | U | N/O | N/A |
| 4. Observes health and safety regulations.  | E | S | N | U | N/O | N/A |
| 5. Maintains office hours and is accessible to students.  | E | S | N | U | N/O | N/A |

- |   |                 |
|---|-----------------|
| 6. Demonstrates continuing professional development in subject areas of assignment. | E S N U N/O N/A |
| 7. Demonstrates progress toward self-determined individual and developmental goals. | E S N U N/O N/A |

**B. Area and Departmental Responsibilities**

- |   |                 |
|---|-----------------|
| 1. Please evaluate only the areas in which the faculty member has chosen or was required to participate during the current evaluation period.   |                 |
| • Orders textbooks, instructional materials, and equipment in a timely manner.  | E S N U N/O N/A |
| • Participates in screening/hiring committees.  | E S N U N/O N/A |
| • Provides information for the development of departmental budgets.   | E S N U N/O N/A |
| • Exercises good judgment in the use of facilities, equipment, and supplies.  | E S N U N/O N/A |
| • Participates in overall departmental program development, maintenance, evaluation, updating of course outlines, and/or expansion of programs. | E S N U N/O N/A |
| • Participates in department and division meetings.   | E S N U N/O N/A |
| 2. Meets flex requirements.   | E S N U N/O N/A |
| 3. Maintains work schedule and keeps appointments.  | E S N U N/O N/A |
| 4. Makes a positive contribution to the department.   | E S N U N/O N/A |

**C. College-wide and Instruction-Related Student-Support Activities**

- |   |                 |
|---|-----------------|
| 1. Please evaluate only the faculty member's participation in the activities (s)he has chosen during the current evaluation period. (Only evaluate areas about which you have direct personal knowledge.) |                 |
| <input type="checkbox"/> sponsors and provides support for student activities   | E S N U N/O N/A |
| <input type="checkbox"/> participates in college and/or district budget development   | E S N U N/O N/A |
| <input type="checkbox"/> participates in college and/or district committees   | E S N U N/O N/A |
| <input type="checkbox"/> contributes to curriculum development  | E S N U N/O N/A |
| <input type="checkbox"/> participates in articulation and matriculation   | E S N U N/O N/A |
| <input type="checkbox"/> writes grant proposals and/or research projects  | E S N U N/O N/A |
| <input type="checkbox"/> participates in recruitment and high school relations  | E S N U N/O N/A |
| <input type="checkbox"/> conducts registration advisement   | E S N U N/O N/A |
| <input type="checkbox"/> is active in faculty governance, representation and advocacy   | E S N U N/O N/A |
| <input type="checkbox"/> participates in community outreach and interface   | E S N U N/O N/A |
| <input type="checkbox"/> other _____  | E S N U N/O N/A |
| _____   |                 |

- |    |  |                 |
|----|--|-----------------|
| 2. | The faculty member demonstrates a pattern of service with college committees, projects, and/or student organizations.                                      | E S N U N/O N/A |
| 3. | The faculty member has fulfilled commitments with respect to any committees, projects or activities (s)he has chosen during the current evaluation period. | E S N U N/O N/A |

Comments: (Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

**SECTION II. JOB PERFORMANCE OBSERVATION (Answer all applicable areas.)**

**A. NATURE OF WORK IN PROGRESS:**

In the provided space (boxes) or on attached sheets, describe in detail the content of the lesson, the teaching techniques employed, and the activities of the students. In the case of non-classroom observation, describe the activity and related performance observed. Include specific comments about the appropriateness and effectiveness of what was observed. Where appropriate, note what was commendable, make constructive criticisms about what might be improved, and suggest alternatives. If any ratings below satisfactory were issued, recommendations for improvement are required of the evaluator and should be included in the Overall Summary and Recommendations portion of this form. Explain how you reached your conclusions.

**B. DISTANCE EDUCATION**

- |    |   |                 |
|----|---|-----------------|
| 1. | Follows all campus distance education standards as adopted by Curriculum Committee/Academic Senate. | E S N U N/O N/A |
| 2. | Demonstrates competence in the current distance education course management system.                 | E S N U N/O N/A |

3. Uses the appropriate distance education form of communication. E S N U N/O N/A

### C. CLASSROOM FACULTY

#### Instructional Delivery

- |   |   |   |   |   |     |     |
|---|---|---|---|---|-----|-----|
| 1. Voice and delivery are clear and understandable.           | E | S | N | U | N/O | N/A |
| 2. Employs multiple teaching approaches where applicable.     | E | S | N | U | N/O | N/A |
| 3. Communicates ideas clearly, concisely and effectively.     | E | S | N | U | N/O | N/A |
| 4. Paces class according to the level and material presented. | E | S | N | U | N/O | N/A |
| 5. Uses class time effectively.                               | E | S | N | U | N/O | N/A |
| 6. The teaching method and techniques observed are effective. | E | S | N | U | N/O | N/A |
| 7. Conducts class in accordance with instructional schedule.  | E | S | N | U | N/O | N/A |

#### Faculty/Student Interaction

- |  |   |   |   |   |     |     |
|--|---|---|---|---|-----|-----|
| 8. Students are engaged in lesson.   | E | S | N | U | N/O | N/A |
| 9. Demonstrates sensitivity to differing student learning styles.  | E | S | N | U | N/O | N/A |
| 10. Stimulates student interest in materials presented.  | E | S | N | U | N/O | N/A |
| 11. Measures student performance in fair and valid ways.   | E | S | N | U | N/O | N/A |
| 12. Demonstrates sensitivity in working with students of diverse racial and ethnic backgrounds, sexual orientations, as well as physical and mental abilities. | E | S | N | U | N/O | N/A |

#### Content

13. The content of the lesson observed was: current \_\_\_\_\_ adequate \_\_\_\_\_ outdated \_\_\_\_\_
14. The content of the lesson was consistent with the course outline. Yes \_\_\_\_\_ No \_\_\_\_\_
15. The lesson was at the appropriate level for the course. Yes \_\_\_\_\_ No \_\_\_\_\_

Comments :

**D. COUNSELORS**

Presentation

- |  |   |   |   |   |     |     |
|--|---|---|---|---|-----|-----|
| 1. Presents information and directions to students in a clear and organized way. | E | S | N | U | N/O | N/A |
| 2. Advisement methods and techniques utilized are effective.                     | E | S | N | U | N/O | N/A |

Faculty/Student Interaction

- |  |   |   |   |   |     |     |
|--|---|---|---|---|-----|-----|
| 3. Listens well and provides opportunities for students to express their concerns.   | E | S | N | U | N/O | N/A |
| 4. Helps students define and seek solutions to problems.   | E | S | N | U | N/O | N/A |
| 5. Gives the student an opportunity for follow-up.   | E | S | N | U | N/O | N/A |
| 6. Directs counselees to appropriate sources of information/ assistance when advisable.  | E | S | N | U | N/O | N/A |
| 7. Respects students' confidentiality.   | E | S | N | U | N/O | N/A |
| 8. Demonstrates sensitivity in working with students of diverse racial and ethnic backgrounds, sexual orientations, as well as physical and mental disabilities. | E | S | N | U | N/O | N/A |

Content

- |   |                  |   |   |   |     |     |
|---|------------------|---|---|---|-----|-----|
| 9. Demonstrates knowledge of district classes, resources and programs.                              | E                | S | N | U | N/O | N/A |
| 10. Demonstrates knowledge of current course articulation and program requirements.                 | E                | S | N | U | N/O | N/A |
| 11. The content of the session observed was consistent with advisement objectives and student needs | _____yes _____no |   |   |   |     |     |

Service assignment objectives

- |   |   |   |   |   |     |     |
|---|---|---|---|---|-----|-----|
| 12. Communicates and networks effectively with secondary and four-year schools. | E | S | N | U | N/O | N/A |
| 13. Researches questions brought by students as needed.                         | E | S | N | U | N/O | N/A |

Comments:

## E. LIBRARIANS

### Presentation and Content

- |  |   |   |   |   |     |     |
|--|---|---|---|---|-----|-----|
| 1. Communicates information clearly, concisely and effectively.                        | E | S | N | U | N/O | N/A |
| 2. Utilizes knowledge of current trends and technology in library/information science. | E | S | N | U | N/O | N/A |
| 3. Demonstrates knowledge of research methods and resources.                           | E | S | N | U | N/O | N/A |

### Faculty/Student Interaction

- |   |   |   |   |   |     |     |
|---|---|---|---|---|-----|-----|
| 4. Assists students to reach reference and research objectives.   | E | S | N | U | N/O | N/A |
| 5. Facilitates self-reliance in library usage.  | E | S | N | U | N/O | N/A |
| 6. Demonstrates sensitivity in working with students of diverse racial and ethnic backgrounds, sexual orientations, as well as physical and mental abilities. | E | S | N | U | N/O | N/A |

### Service assignment objectives

- |   |   |   |   |   |     |     |
|---|---|---|---|---|-----|-----|
| 7. Consults with other librarians and departments to provide students with up-to-date information and programs. | E | S | N | U | N/O | N/A |
| 8. Assists in building, organizing, and maintaining library collection.   | E | S | N | U | N/O | N/A |

**NOTE: If you attended a library orientation, please also fill out Section II C, Classroom Faculty.**

Comments:

## F. **Contract and Non-Contract Faculty Coach**

### Faculty/Student Interaction

- |   |   |   |   |   |     |     |
|---|---|---|---|---|-----|-----|
| 1. Student are engaged in activities  | E | S | N | U | N/O | N/A |
| 2. Demonstrates sensitivity to differing student Learning Styles  | E | S | N | U | N/O | N/A |
| 3. Stimulates students interests  | E | S | N | U | N/O | N/A |
| 4. Measures student performance in fair and valid ways  | E | S | N | U | N/O | N/A |
| 5. Demonstrates sensitivity in working with students of diverse racial and ethnic backgrounds, sexual orientations, as well as physical and mental abilities. | E | S | N | U | N/O | N/A |

Responsibilities

- |  |   |   |   |   |     |     |
|--|---|---|---|---|-----|-----|
| 6. Supervises the routine security, upkeep, repair, and replacement of facilities and equipment in assigned area of assignment | E | S | N | U | N/O | N/A |
| 7. Consults with appropriate college faculty and staff about related projects and work assignments                             | E | S | N | U | N/O | N/A |
| 8. Adheres to CCCAA Rules  | E | S | N | U | N/O | N/A |
| 9. Consults with Dean concerning all expenditures outside of the department budget   | E | S | N | U | N/O | N/A |
| 10. Consults with Dean concerning all fundraising activities and contracts with outside vendors                                | E | S | N | U | N/O | N/A |
| 11. Fulfills specific job description requirements   | E | S | N | U | N/O | N/A |

**Comments on Observation:**  
(Commendations, recognition, strengths/weaknesses, etc. Please explain how you reached your conclusions where necessary.)

**G. OTHER NON-TEACHING FACULTY (Project Directors, Student Personnel Workers, Facilitators, Athletic Directors)**

NOTE: NOT ALL CRITERIA ARE APPLICABLE

- |   |   |   |   |   |     |     |
|---|---|---|---|---|-----|-----|
| 1. Supervises the routine security, upkeep, repair, and replacement of facilities and equipment in assigned area of assignment. | E | S | N | U | N/O | N/A |
| 2. Consults with appropriate college faculty and staff about related projects and work assignments.                             | E | S | N | U | N/O | N/A |
| 3. Maintains effective working relationship with grant monitors.  | E | S | N | U | N/O | N/A |
| 4. Adheres to grant guidelines, objectives and schedules.   | E | S | N | U | N/O | N/A |



### APPENDIX D Form A 3

#### ADMINISTRATOR AND PEER EVALUATION FORM FOR TENURE REVIEW OF PROBATIONARY FACULTY

*(The purposes of evaluation are described in Article 11 of the VCCCD Agreement)*

DATE OF VISIT: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ NAME

OF EVALUATEE: \_\_\_\_\_

POSITION OF EVALUATEE: \_\_\_\_\_

Evaluator: (Please Print) \_\_\_\_\_

Type of Evaluation: (check one)  Peer  Department Chair or Vice Chair  Dean

Faculty Function(s) Being Evaluated: (check all that apply)

Instructor Course Name: \_\_\_\_\_ No. of Students Attending: \_\_\_\_\_

Counselor  Librarian  Other (specify): \_\_\_\_\_

Faculty Status: (check one)

1<sup>st</sup> Contract (1st Year)  2<sup>nd</sup> Contract (2nd year)  3<sup>rd</sup> Contract (3rd and 4th year)

*Please review Article 11 of the collective bargaining agreement before proceeding.*

Pursuant to Article 11.6 B (4) there is a "Difference in [evaluation] Criteria Weighting for First, Second, and Third Contracts." Select and use the appropriate criteria to be weighted the most by Tenure Review Committee members when completing this evaluation process:

[ ] 1<sup>st</sup> and 2<sup>nd</sup> contract: All criteria considered, with the primary assignment criteria most important.

[ ] 3<sup>rd</sup> contract: All criteria considered with candidate expected to be fully-participating member of campus community.

**Do not sign this form until you have completed the evaluation process.**

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

*I am aware of my rights as provided in Article 11 of the VCCCD Agreement. I have read this report, am aware of the opportunity to add my own comments, and recognize that I have the right to discuss it with the college president if I so desire.*

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date