CUESTA COLLEGE

##### Counseling Faculty

**DIVISION TENURE COMMITTEE / Peer Review Committee Evaluation Form**

The processes and procedures that govern all faculty evaluations are set forth in Article VII of the District/CCFT Collective Bargaining Agreement (CBA). To find the CBA, point your browser to http://ccft.org/contract.htm for the on-line contract.

|  |  |
| --- | --- |
| **Employee:** | **Semester:**  |
| [ ]  **Regular Tenured** [ ]  **Tenure-track -** *How many semesters taught at Cuesta:* [ ]  **Temporary**  [ ]  **Full-time** **[ ]  Part-time-** *How many semesters taught at Cuesta:* [ ]  **Temporary without assignment rights -** *How many semesters taught at Cuesta:*  |
| **Evaluator(s):**  | **Observation Date:** | **Time:** | **Room #:** | **Course Name:**  | **CRN:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**INSTRUCTIONS FOR EVALUATORS:**

1. The attached forms are to be used in the evaluation of the performance of tenured, tenure-track, or temporary faculty member**.**

2. All instructional faculty are to be evaluated pursuant to Evaluation Form Sections I, II, III, IV, and V. Sections IX (“Progress on Previous Plan for Improvement”) and VI (“Plan for Improvement”) are to be utilized **only when it is applicable to the faculty member who is being evaluated.** If a plan for improvement exists, the Dean/Director will review the previous evaluation, including the plan for improvement (C.B.A. 7.12.1.1).

3. The Division Tenure Committee/Peer Review Committee, the Division Chair or manager’s faculty designee, and the faculty member being evaluated review and sign the Performance Narrative Review sheet (VIII). A copy of the completed and signed evaluation **must be given to the faculty member being evaluated during the post-evaluation conference meeting.**

4. The Division Tenure Committee/Peer Review Committee must submit **one** composite evaluation form representing the committee’s consensus to the Division Chair (or manager’s faculty designee where there is no Division Chair). Section II should be completed by the Division Chair (or manager’s faculty designee where there is no Division Chair) **in consultation with the chair** of the Division Tenure Committee/Peer Review Committee, and then the completed evaluation will be combined with the dean/director’s evaluation.

5. The term **Disagree** is synonymous with the contractual term **Needs Improvement**, and the term **Strongly Disagree** is synonymous with the contractual term **Unsatisfactory** (7.12).

|  |  |
| --- | --- |
| **Strongly agree** | This rating implies that the individual's performance reflects the highest degree of productivity and effectiveness. This rating should be used to differentiate specific criteria where the individual has demonstrated exceptional ability that is especially noteworthy or markedly apparent. |
| **Agree**  | This rating implies that the individual's performance consistently meets the standards for the given criteria. The individual is consistently effective and productive. |
| **Somewhat agree** | This rating implies that the individual’s performance often meets the standard. The individual frequently is effective and productive. |
| **Disagree** **(needs improvement)** | This rating implies that the individual's performance partially meets the standards for the given criteria. There are areas of deficiency or ineffectiveness; it is expected that with increased attention to those areas, the individual's performance will subsequently meet the standards. |
| **Strongly disagree****(unsatisfactory)** | This rating implies that the individual's performance has failed to meet the standards for the given criteria. A considerable deficiency or lack of effectiveness is observed. |

**SECTION I: Peer to Peer Evaluation of Counseling Faculty**

**(Please mark N/A for any of the items that do not apply)**

**1. This counselor made effective use of the counseling session time.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**2. This counselor was prepared and organized.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**3. This counselor presented information clearly and effectively.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**4. This counselor established good rapport with the student.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**5. This counselor created a positive, supportive environment.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**6. This counselor demonstrated enthusiasm for his/her job.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**7. This counselor listened to the student's needs and responded appropriately to his/her concerns and questions.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**8. This counselor identified important issues and prioritized objectives for the appointment.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**9. This counselor presented current academic, vocational and/or career information.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**10. This counselor demonstrated knowledge of articulation agreements and transfer requirements.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**11. This counselor demonstrated knowledge of Cuesta College policies and procedures.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**12. This counselor demonstrated knowledge of Cuesta College programs and resources and made referrals where appropriate.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**13. This counselor utilized computer-based resources effectively.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**SECTION II: Division Chair or Manager’s Faculty Designee Evaluation of Faculty**

**(Please mark N/A for any of the items that do not apply. Statements 1-5 should be done in consultation with Chair of Evaluation Committee)**

**1. This counselor maintains currency in one’s academic field and faculty service area (professional development).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**2. This counselor participates in professional activities related to the area of specialization and to pedagogy (professional development).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**3. This counselor maintains a productive working relationship with students.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**4. This counselor addresses student concerns/academic needs in a timely and constructive manner.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**5. This counselor is regularly available for help during posted office hours (not required for part-time instructors).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**6. This counselor adheres to the approved catalog course outline.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**7. This counselor respects confidentiality of information from and about students.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**8. This counselor treats students respectfully.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**9. This counselor begins and ends class on time.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**10. This counselor communicates civilly with other faculty and staff in the division/service area.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**11. This counselor works collegially with other faculty and staff in the division/service area.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**12. This counselor attends required division meetings.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**13. This counselor meets divisional and/or college-wide committee/governance obligations (see Article V of current CCFT contract).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**14. This counselor meets divisional and college obligations on time (e.g., textbook orders, flex contracts, grades, early alert,**

**schedules, reports, and requisitions).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**15. This counselor maintains the scheduled days and class/service hours.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**16. This counselor gives final exams in accordance with the official schedule unless permission has been received from area**

**Dean or Director to do otherwise (not applicable to faculty not teaching classes).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**17. This counselor shares in the divisional workload (not applicable to part-time faculty).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**18. This counselor maintains educational and professional contacts with the community when relevant to professional**

**commitments (not applicable unless specifically required by law or job description).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

**SECTION III.**  **ASSESSMENT OF STUDENT EVALUATIONS**

Provide an overall assessment and interpretation of the student evaluations. ***Written comments are required.***

**SECTION IV.**  **ASSESSMENT OF PROFESSIONAL DEVELOPMENT**

Provide an overall assessment of recent professional growth activities. ***Written comments are required****.*

**SECTION V.**  **ASSESSMENT OF INSTRUCTIONAL MATERIALS**

Provide an overall assessment in consideration of course syllabi, graded exams or papers, worksheets, handouts, etc. ***Written comments are required.***

**SECTION VI. PROGRESS ON PREVIOUS PLAN FOR IMPROVEMENT.**  Applicable only when the previous overall evaluation was “**Disagree**” (Needs Improvement) or “**Strongly Disagree**” (Unsatisfactory).

This section to be assessed by the Division Tenure Committee/Peer Evaluator.

 [ ]  Check here if a plan for improvement exists and has been reviewed by the committee.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROGRESS ON PREVIOUS PLAN FOR IMPROVEMENT** | **Strongly Agree** | **Agree** | **Somewhat Agree** | **Disagree**(Needs Improvement) | **Strongly Disagree**(Unsatisfactory) | **N/A** |
| Shows progress in meeting goals and objectives for improving performance established in the previous evaluation. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Comment fully and specifically, justifying sections previously marked as “**Disagree**” (Needs Improvement) or “**Strongly Disagree**” (Unsatisfactory). Attach additional pages if necessary.

### COMMENTS:

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### SECTION VII. OVERALL ASSESSMENT

(All faculty must be evaluated in this section)

This section to be assessed by the Division Tenure Committee/Peer Evaluator.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OVERALL ASSESSMENT** | **Strongly Agree** | **Agree** | **Somewhat Agree** | **Disagree**(Needs Improvement) | **Strongly Disagree**(Unsatisfactory) | **N/A** |
| This instructor’s performance in most, if not all areas of assessment is satisfactory | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**SECTION VIII. FACULTY PERFORMANCE NARRATIVE REVIEW**

Comment fully and specifically, justifying the overall evaluation. A summary of the Division Tenure Committee’s/peer review committee’s findings and recommendations should be described below or attached. Comments shall include a statement of assessment of Section VII. Attach additional pages if necessary. ***Written comments are required******for a minimum of 1 of the 3 areas below***.

**Commendations:**

**Considerations:**

**Recommendations:**

**SECTION IX. PLAN FOR IMPROVEMENT.**  Applicable only when the overall evaluation is “**Disagree**” (Needs Improvement) or “**Strongly Disagree**” (Unsatisfactory).

**Upon completion of this form (with all signatures), the chair of the DTC/Peer Review Committee must submit the following items to the Dean/Director’s office:**

[ ]  **Self Evaluation Form** **[ ]  Peer Evaluation Form** **[ ]  Student Evaluations**

**Applicable Signatures:**

DTC/Peer Evaluator Date DTC/Peer Evaluator Date

DTC/Peer Evaluator Date

Division Chair Date

 (If no Division Chair, manager's faculty designee or chair of DTC/Peer Committee)

Faculty Member Date

The above-signed individuals have read and discussed this evaluation. Faculty member's signature acknowledges receipt of a copy of the evaluation document. It does not necessarily signify agreement. The faculty member has ten days to respond in writing to this evaluation, if desired.