

Elgin Community College

Faculty Evaluation Handbook

Revised by:
**The Office of the Vice President of Teaching, Learning and Student Development
and the Elgin Community College Faculty Association**

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INTRODUCTION

Faculty Evaluation

Elgin Community College maintains a rigorous system to evaluate performance of the individual Faculty Members who provide instruction in the courses and programs approved by the Board of Trustees and the Illinois Community College Board. The College tradition of excellence has established the basic standard to be superior performance in supporting and carrying out the teaching and learning process. The assigned roles of professional faculty at the College may be as a teacher, counselor or librarian. Full Time Faculty, nontenured and tenured, and Unit Adjunct Faculty are employed to perform these roles. Components of the evaluation system vary based on assigned specialty and employment status to provide appropriate feedback on performance and information for decision making and to counsel for improvement.

Faculty evaluation is the responsibility of the Vice President for Teaching, Learning and Student Development and that person's designees to the level of the Faculty Member's immediate Supervising Administrator. The Office of the Vice President for Teaching, Learning and Student Development coordinates the design and operation of the faculty evaluation system. Faculty are the primary resource for building and maintaining the curriculum as well as contributing to the learning environment of the college.

The goal of the evaluation system is to follow careful and collaborative hiring with orientation, mentoring, evaluation, and continual renewal through professional development to ensure the best possible Faculty for the College. Careful attention to meeting this goal within the limits of college resources is directed toward all faculty, but special care is taken by both the Administration and Tenured Full Time Faculty when Nontenured Full Time Faculty are subject to evaluation during their probationary period. The goal of the tenure process is to grant tenure to someone who will be a superior teacher. Administrators also supervise and evaluate part time faculty who are members of the organized collective bargaining unit. Full time faculty also contribute to quality assurance by accepting assignments as mentors and evaluators of Non-Unit Part Time Faculty. All Non-Unit Faculty are evaluated using the part time faculty position description and standard college forms for reporting classroom visitation and student evaluation. The criteria for evaluation and tenure, the annual evaluation calendar, and the forms used to record completion of steps in the process are provided in the following sections.

Criteria for Evaluation and Tenure

Distribution of the current edition of the Elgin Community College Evaluation Handbook and dated inserts to indicate revisions is the official form for notification of criteria for evaluation and tenure during an academic year. Counseling and Librarian Faculty participate in all processes except Student Evaluation of Instruction; student feedback on performance is gathered by alternate methods. The criteria for evaluation apply to all newly hired nontenured faculty and all tenured faculty. Nontenured faculty still in the probationary period remain subject to the criteria for evaluation and tenure in force at the beginning of their service.

An orientation to the tenure process for new faculty will be conducted by the Elgin Community College Faculty Association and the Vice President for Teaching, Learning, and Student Development or Designee preceding the first semester of employment.

In addition a tenure process workshop will be held by the Elgin Community College Faculty Association and the Vice President for Teaching, Learning, and Student Development or Designee for nontenured faculty and all tenured faculty and deans who will be members of tenure committees for the purpose of the tenure and evaluation process. The objective of the workshop is to communicate the process, the criteria for evaluation, and specific requirements to all individuals involved.

TEACHING FACULTY

Nontenured and Temporary Full Time Teaching Faculty Section, 2

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**EVALUATION CRITERIA OF NONTENURED
AND TEMPORARY FULL TIME TEACHING FACULTY**

Criteria

Performance of Job Tasks/Elements

<u>Process</u>	<u>Outcome Measures</u>
<p>At least one classroom visitation by Supervising Administrator or Committee Member per semester at mutually agreed time.</p> <ul style="list-style-type: none"> • See Classroom Visitation Form or Health Professions Clinical Visitation Form 	<p>Satisfactory progress toward the committee's expectation for tenure recommendation on the classroom visitation form as recommended by the Committee and determined by the appropriate Dean/Dean's Designee on a semester basis.</p>
<p>Student assessment of instruction of every class (Elgin Community College form). The objective portion of the student evaluation forms will be tabulated and reported only in a summative form with all raw data available for review by members of the tenure and evaluation committee.</p> <ul style="list-style-type: none"> • See Student Evaluation of Instruction Form, Student Evaluation of Instruction for Performing Arts Ensembles & Productions or ECC Student Evaluation of Instruction/Beginning ESL 	<p>Satisfactory progress toward the committee's expectation for tenure recommendation as recommended by the Committee and determined by the Dean/Dean's Designee for the classes evaluated on an annual basis.</p>
<p>At least one content assessment of a portfolio per year by assigned faculty Committee Member</p> <ul style="list-style-type: none"> • See Annual Content Assessment Report Form 	<p>Satisfactory progress toward the committee's expectations for tenure recommendation in providing and delivering accurate, understandable and relevant curricular content in the course(s) as determined by the content assessor.</p>
<p>Assessment of professional performance to be carried out by the Faculty Member.</p> <ul style="list-style-type: none"> • See Annual Self-Assessment Report Form <p>Observation and assessment of professional performance to be carried out by the Dean/Dean's Designee.</p> <ul style="list-style-type: none"> • See Annual Summary Evaluation Conference Report Form 	<p>Committee recommendation and appropriate Dean/Dean's Designee assessment of satisfactory progress toward the committee's expectations for tenure recommendation as recorded in the Annual Summary Evaluation Conference Report.</p>

**TENURE AND EVALUATION COMMITTEE
NONTENURED AND TEMPORARY FULL TIME TEACHING FACULTY**

The Committee reviews Nontenured and Temporary Full Time Faculty evaluative materials and makes recommendations to Vice President for Teaching, Learning and Student Development.

Team Makeup - Faculty and Administration

- Supervising Administrator, Chair
 - Instructional Coordinator or an additional approved Faculty Member
 - Two (2) approved Faculty Members
1. In case of no Instructional Coordinator, the senior Faculty Member, from the seniority list in the department or a department of a closely related field will serve. Committee service is a contractual obligation of faculty selected. The Elgin Community College Faculty Association expects all faculty accepting the responsibility of serving on a tenure committee to attend a tenure process workshop. Faculty serving on more than one tenure committee are expected to attend no more than one tenure workshop meeting per academic year. Should any member serving on a tenure committee or a nontenured Faculty Member miss a deadline related to the tenure process, the Senate President and the College President will be immediately notified, and a meeting will be scheduled with the parties to remedy the situation.
 2. No Faculty Member will be required to serve on more than one Tenure and Evaluation Committee at a time.
 3. A list of Faculty eligible to serve will be prepared as soon as possible after the Board approves hiring of a full time Faculty Member.
 - The list will be mutually determined by Administration and the Association.
 - The list will include a minimum of four faculty in addition to the Instructional Coordinator (or additional Faculty Member) automatically assigned.
 - The eligibility list will include as many faculty as are qualified from among all faculty in the discipline, in closely related disciplines and/or in the degrees providing relevant experience.
 4. The manner of selection from the eligibility list will be in the following order:
 - One (1) chosen by Association from nontenured Faculty recommendation
 - One (1) chosen by Administration
 5. Faculty will be determined from an eligibility list no later than the end of the third week of classes for both fall hires and spring hires.
 6. Committee members from the faculty will each serve once as a classroom visitor and once as content assessor on a rotating basis during the probationary period.
 7. A summative recommendation will be made as follows:
 - Recommendation of Committee to Dean.
 - Committee and Dean's recommendation to Vice President.
 - Vice President's recommendation to President.
 - President's recommendation to Board in cases of non-renewal, renewal, extension of probation for one year, or tenure.

**FALL HIRE
EVALUATION CALENDAR
NONTENURED AND TEMPORARY FULL TIME TEACHING FACULTY**

Fall Semester

End of 3rd Week of Classes	Committee chosen and Content Assessor chosen
Between End of 3rd Week of Classes and October 31	<ul style="list-style-type: none"> ➤ Pre-Conference between Dean/Designee and Nontenured Faculty – identify session plan and items for observation ➤ Dean/Designee visits class which is videotaped ➤ Committee Members and Nontenured Faculty view videotape ➤ Committee Members, Dean/Designee and Nontenured Faculty complete observation form ➤ Committee meets and agrees on feedback
October 31	Post-Conference between Dean/Designee and Nontenured Faculty
December 1	Content Assessment Portfolio submitted by Nontenured Faculty
End of Semester	Student Evaluation of Instruction packets completed and returned

Spring Semester

Opening Day	Content Assessor Report and Student Evaluation of Instruction Report on file in Dean's/Designee's office
End of 1st Week of Classes	Nontenured Faculty Self-Assessment Report due
Beginning 2nd Week of Classes	All available evaluative materials will be accessible for review by the Committee in the Dean's/Designee's office
End of 2nd Week of Classes	Committee recommendation to Vice President for Teaching, Learning and Student Development
End of 3rd Week of Classes	Annual Summary Evaluation Conference – Dean/Designee and Nontenured Faculty (Within 48 hours after the Annual Summary Evaluation Conference, the Annual Summary Evaluation Conference Report will be available for review by the Committee in the Dean's/Designee's office.)
March 1	Notification of Non-renewal (A special Board meeting may need to be called to accommodate this deadline.)
Between End of 3rd Week of Classes and April 10	<ul style="list-style-type: none"> ➤ Pre-Conference between Committee Member and Nontenured Faculty – identify session plan and items for observation ➤ Committee Member visits class which is videotaped ➤ Dean/Designee, Committee Members and Nontenured Faculty view videotape ➤ Committee Members, Dean/Designee and Nontenured Faculty complete Classroom Visitation Form ➤ Committee meets and agrees on feedback
April 10	Post-Conference between Committee Member and Nontenured Faculty
End of Semester	Student Evaluation of Instruction packets completed and returned

**SPRING HIRE
EVALUATION CALENDAR
NONTENURED AND TEMPORARY FULL TIME TEACHING FACULTY**

Spring Semester

End of 3rd Week of Classes	Committee chosen and Content Assessor chosen
Between End of 3rd Week of Classes and April 10	<ul style="list-style-type: none"> ➤ Pre-Conference between Dean/Designee and Nontenured Faculty - identify session plan and items for observation ➤ Dean/Designee visits class which is videotaped ➤ Committee Members and Nontenured Faculty view videotape ➤ Committee Members, Dean/Designee and Nontenured Faculty complete observation form ➤ Committee meets and agrees on feedback
April 10	Post-Conference between Dean/Designee and Nontenured Faculty
May 1	Content Assessment Portfolio submitted by Nontenured Faculty
End of Semester	Student Evaluation of Instruction packets completed and returned

Fall Semester

Opening Day	Content Assessor Report and Student Evaluation of Instruction Report on file in Dean's/Designee's office
End of 1st Week of Classes	Nontenured Faculty Self-Assessment report due
Beginning 2nd Week of Classes	All available evaluative materials will be accessible for review by the Committee in the Dean's/Designee's office
End of 2nd Week of Classes	Committee recommendation to Vice President for Teaching, Learning and Student Development
End of 3rd Week of Classes	Annual Summary Evaluation Conference – Dean/Designee and Nontenured Faculty (Within 48 hours after the Annual Summary Conference, the Annual Summary Evaluation Conference Report will be available for review by the Committee in the Dean's/Designee's office.)
October 1	Notification of Non-renewal (A special Board meeting may need to be called to accommodate this deadline)
Between End of 3rd Week of Classes and October 31	<ul style="list-style-type: none"> ➤ Pre-Conference between Committee Member and Nontenured Faculty – identify session plan and items for observation ➤ Committee Member visits class which is videotaped ➤ Dean/Designee, Committee Members and Nontenured Faculty view videotape ➤ Committee Members, Dean/Designee and Nontenured Faculty complete Classroom Visitation Form ➤ Committee meets and agrees on feedback
October 31	Post-Conference between Committee Member and Nontenured Faculty
End of Semester	Student Evaluation of Instruction packets completed and returned

Elgin Community College
CLASSROOM VISITATION FORM

Faculty Member:	Date of Visit:
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the "Teaching Methods" and "Media and/or Materials" for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.

Teaching Methods:

Media and/or Materials:

Learning Objectives and Syllabus:

NOTE: When observing an online class respond only to sections designated "ONLINE CLASS ONLY," each of which requires comments.

CLASSROOM VISITATION

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses appropriate examples and illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presents information that is current and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accurately answers student questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Presents information not contained in text/lab manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relates subject matter to real life situations/ applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Subject matter competence is evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

B. Media and Materials	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Supplementary materials (e.g., handouts) are prepared and ready for use in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Supplementary materials (e.g., handouts) are neat and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Supplementary materials (e.g., handouts) are related to the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses media (e.g., videotape) that complement (rather than supplant) other parts of the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Audiovisual materials are clearly audible and/or visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uses media and/or materials on the basis of their potential to cause student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses media and/or materials that stimulate student interest in the course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
8. ONLINE CLASS ONLY Media and material usage is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Clearly identifies learning objectives either orally and/or visually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Learning objectives are presented early enough in the class period to guide student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Learning objectives are consistent with the course objectives as stated in the syllabus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. States learning objectives in terms of measurable student outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Learning objectives enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

D. Methods and Motivation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses teaching methods that facilitate student achievement of the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Uses teaching methods that elicit responses from students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages students to express their ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Positively reinforces student participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Methods employed enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Explanations of subject material clearly support learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explains material in sufficient depth for student comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Explanations are logical and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses experiences/examples to clarify course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Emphasizes important points of material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Explanations are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

F. Questioning	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Encourages students to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Responds to students who have questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asks students questions to check for understanding of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Words questions to foster critical thinking by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Asks questions of students which are clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Allows students time to formulate responses to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Questioning is used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

G. Communication	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates in clear, correct and precise language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates oral English language proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Speaks distinctly with sufficient volume and appropriate speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses vocabulary appropriate to content and class level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Varies pitch of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uses appropriate gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintains eye contact with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
8. ONLINE CLASS ONLY Evidence observed of appropriate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

H. Organization	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Presents information in a way that permits note taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presentation of material has a logical flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sufficient time is allotted to meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
4. ONLINE CLASS ONLY Course platform is appropriately organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Adjusts behavior to meet new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Welcomes differences in viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Varies presentation to accommodate varied learning styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Uses instructional techniques that meet individual learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintains a classroom climate respectful of differences in people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Evidence observed of appropriate flexibility and responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

J. Classroom Management	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Manages class time efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with disruptive student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Keeps student attention focused on learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Displays courtesy and respect for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Appropriate course management is observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

K. Summarizing		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1.	Reviews learning activities to reinforce the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Provides opportunity for students to ask questions and give feedback about what was learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Provides assignments for the next lessons(s) and learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Previews the next class meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)							
5.	ONLINE CLASS ONLY Evidence observed of appropriate summarizing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ONLINE CLASS Comments Required</p>							

L. Lab		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1.	Laboratory is prepared and ready for student use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Laboratory experiences meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Stresses safety precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Explains the proper handling of environmentally hazardous material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Laboratory demonstrations are well planned, organized and presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Provides adequate attention and feedback to each student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Only required for Disagree and Strongly Disagree ratings; all comments encouraged							
7.	ONLINE CLASS ONLY Lab experience enhances student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ONLINE CLASS Comments Required</p>							

M. Rehearsal (for performing arts ensemble & production courses)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Completes rehearsal units as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rehearses students as called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emphasizes creativity, professional standards and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Utilizes collaborative techniques to engage students in the creative process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gives constructive performance feedback to each student during rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Encourages students to provide constructive feedback during the rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)

POST-CLASSROOM VISITATION CONFERENCE

Evaluator's Comments:

Instructor's Reaction to Evaluation:

SIGNATURES

Evaluator's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

IAC Approved 11/3/81; VP Approval 11/9/81; Revised 10/31/95; Format Revision Only 9/03; Format Revision Only 11/11/03
 Original: Personnel File
 Copy: Faculty Member
 Copy: Supervising Administrator

**Elgin Community College
Health Professions Clinical Visitation Form
For Nursing & Surgical Technology**

Faculty Member:	Date of Visit:
Facility:	Course Being Evaluated
Faculty Member Status: <input type="checkbox"/> Tenured <input type="checkbox"/> Non-tenured	
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the “Clinical Objectives” and the “Teaching Methodologies” and “Media and/or Materials” for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.
Clinical objectives for day of visitation:
Teaching Methodologies:

CLASSROOM VISITATION

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates to agency staff the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates to the students the clinical focus/expectations for the day Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identifies individual student learning needs as they relate to the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plans, organizes and adapts clinical activities to promote optimal student learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowledgeable of the plan of care for the students' assigned patients Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Engaged in students' clinical learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as a role model for professional nursing practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Evaluator Comments:						
8. Uses strategies to build student confidence in role development Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Explanations, based on evidence-based practice, are logical, understandable, and in sufficient depth for student comprehension Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Displays courtesy and respect towards students Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-clinical visitation conference comments:						
Instructor reaction to evaluation:						

SIGNATURES

Instructor's Reaction to Evaluation:

Evaluator's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Original: Personnel File
 Copy: Faculty Member
 Copy: Supervising Administrator

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction

Instructor Name: _____

Instructor Code

Class Code

Date: / /

Term: Fall Spring Summer

Example ACC 100-001	Course Information		
Prefix/Number/Section			
	Prefix	Number	Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- Requirement for your degree/certificate
- Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101)
- Other: _____
- Elective for your degree/certificate
- Personal interest

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

- Yes No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. Instructor presentations were well planned and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The examinations reflected the emphasis of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The assigned homework, papers or projects helped me learn the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor returned examinations and/or assignments within a reasonable time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction for Performing Arts Ensembles & Productions

Instructor Name: _____

Instructor Code

Class Code

Date: ☐ / ☐ / ☐☐☐☐
 ☐ ☐ ☐
 Term: Fall Spring Summer

Example ACC 100-001 Prefix/Number/Section	Course Information ☐☐☐ ☐☐☐☐ ☐☐☐☐ Prefix Number Section
---	--

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

- I. Mark the space below which best describes the reason you took this course.
- | | |
|---|---|
| <input type="checkbox"/> Requirement for your degree/certificate | <input type="checkbox"/> Elective for your degree/certificate |
| <input type="checkbox"/> Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101) | <input type="checkbox"/> Personal interest |
| <input type="checkbox"/> Other: _____ | |

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

Yes No No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. The instructor managed rehearsal time well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions throughout a collaborative rehearsal process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Evaluation of student work reflected the course emphasis on creativity, professional standards and behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The rehearsal process and assigned homework helped me grow as an artist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor provided timely feedback on my assignments/performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Elgin Community College Student Evaluation of Instruction \ Beginning ESL

Instructor Name: _____

Instructor Code

Class Code

Date: / /

Term: Fall Spring Summer

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Short Answer Questions - Please write your answer on this sheet.

A. What did you like about this class? _____

B. How can this class be better? _____






C. Would you recommend this class to other students?

Yes No

D. Would you recommend this teacher to other students?

Yes No

II. Fill in the space with your answer.

					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Understand/ Not Applicable
1. The teacher is prepared for class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The teacher explains things and answers questions clearly with good examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The teacher tells the students their progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The teacher is happy to teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The teacher speaks clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The teacher makes all the students participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The teacher is polite and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The teacher's tests are about the lessons the students learn in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The homework and activities help the students learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The teacher helps all the students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The teacher returns homework and tests in a short time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The teacher told the students office hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The teacher makes the class interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I think I will move up to the next class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

**ANNUAL CONTENT ASSESSMENT REPORT
NONTENURED AND TEMPORARY FULL TIME TEACHING FACULTY**

To be completed by a Faculty Member of the Tenure and Evaluation Committee trained in the discipline of the Faculty Member or a closely related discipline.

Name of Faculty Member:	Faculty Member's Assigned Discipline(s):
Assessor:	Assessor's Assigned Discipline:

The Faculty Member to be assessed provides copies of the required documents specified below and any additional items agreed upon between the Faculty Member and the Tenure and Evaluation Committee. The purpose is to ensure that the content delivered in assigned courses meets professional standards of the discipline and the college. The Assessor is asked to express professional judgment on the enumerated matters as to course content rather than style of presentation.

I. Required Documents and Assessor's Detailed Comments

- A. Course Outlines and Syllabi
 - Provide for each course.
- B. Instructional Design with Methodology
 - Lesson plan for one lesson in each course.
- C. Evaluation Instrument
 - Provide for each course (not each section) a sample of each major type of evaluation instrument used to date (e.g. unit tests, major paper assignment, quiz, lab assignment, project)
- D. Graded Student Work
 - At a minimum provide for each course (not each section), copies of A, C, and F graded student work. Remove student name.
- E. Other Items
 - Mutually agreed upon with Tenure and Evaluation Team.

II. Assessor's Comprehensive Statement

I have reviewed the required documents and find the content delivered by the instructor on assigned courses to be (check one):

equal to (or) less than

professional standards of the discipline and the College.

Assessor Signature:	Date:
----------------------------	--------------

SSA - 12/7/95; format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
NONTENURED AND TEMPORARY FULL TIME TEACHING FACULTY**

Name of Faculty Member:	Assigned Discipline(s):
Supervising Administrator:	Date Submitted:

To be completed by the Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

- I. Job Tasks/Elements in Full time Teaching Faculty Job Description
Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please describe how you perform each task/element.
- A. Deliver Instruction
 - B. Evaluate Student Progress
 - C. Provide Student Assistance
 - D. Develop Curriculum
 - E. Participate in Professional Development (including the previous year's Professional Development Plan.)
 - F. Participate in Departmental/Institutional Routines
- II. Analysis of Student Evaluations
- All student evaluation forms will be tabulated, copied with all student comments, and will be made available to the nontenured Faculty Member.
- III. Professional Growth Plan
- Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the probationary cycle. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
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Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment Report and proposed Professional Growth Plan.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03
Original: Supervising Administrator
Copy: Faculty Member

**ANNUAL SUMMARY EVALUATION CONFERENCE REPORT
NONTENURED AND TEMPORARY FULL TIME TEACHING FACULTY**

To be completed by the Supervising Administrator with review, response and signature by the Faculty Member before going to the Vice President for Teaching, Learning and Student Development and the Human Resource Office.

Name of Faculty Member:	Assigned Discipline(s):
Supervising Administrator:	Date of Conference:

I. The following assessment of the nontenured Faculty Member's performance is for the period of service between initial hiring or the previous evaluation conference. It must be prepared by the Supervising Administrator in writing before and shared with the evaluated Faculty Member during the Annual Summary Evaluation Conference.

A. Classroom Visitations and Associated Conferences:

Strengths:

Suggested Improvements:

B. Student Evaluation

Strengths:

Suggested Improvements:

C. Annual Content Assessment:

Strengths:

Suggested Improvements:

D. Supervising Administrator's Comments on Faculty Member's Self-Assessment:

E. Steps Required for Improvement:

F. Committee Recommendation: Non-renewal Renewal Extension Tenure

G. Dean's Recommendation: Non-renewal Renewal Extension Tenure

Supervising Administrator's Signature:	Date:
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II. Faculty Member's Response:

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Faculty Member's Signature:	Date:
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TY/ssa - 12/14/95; 3/4/96; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
Copy: Supervising Administrator
Copy: Faculty Member

**EVALUATION CHECKLIST
NONTENURED AND TEMPORARY FULL TIME TEACHING FACULTY**

Name of Faculty Member:	Assigned Discipline:
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period are listed below:

- Classroom Visitation Forms for Each Semester
- Student Evaluations of Instruction--all sections each semester (Do not attach forms. A checkmark certifies examination.)
- Annual Content Assessment Report
- Annual Self-Assessment Report
- Annual Summary Evaluation Conference Report with Recommendation:
 - Non-renewal
 - Renewal
 - Extension
 - Tenure

Signature of Supervising Administrator:	Date
Signature of the V.P. for Teaching Learning and Student Development:	Date:

Date Received in Human Resources:

TEACHING FACULTY

Tenured Teaching Faculty Section, 27

Evaluation Criteria of Tenured Teaching Faculty, 28

Evaluation Calendar – Tenured Teaching Faculty – Scheduled for Triennial Evaluation, 29

Evaluation Calendar – Tenured Teaching Faculty – Not Scheduled for Triennial Evaluation, 30

Form: Classroom Visitation

- Classroom Visitation Form, 31
- Health Professions Clinical Visitation Form, 39

Form: Student Evaluation of Instruction

- Student Evaluation of Instruction Form, 41
- Student Evaluation of Instruction for Performing Arts Ensembles & Productions, 43
- Elgin Community College Student Evaluation of Instruction/Beginning ESL Form, 45

Form: Annual Self-Assessment Report – Tenured Teaching Faculty, 47

Form: Triennial Summary Evaluation Conference Report – Tenured Teaching Faculty, 48

Form: Evaluation Checklist – Tenured Teaching Faculty – Scheduled for Triennial Evaluation, 49

Form: Evaluation Checklist – Tenured Teaching Faculty – Not Scheduled for Triennial Evaluation, 50

EVALUATION CRITERIA OF TENURED TEACHING FACULTY

Criteria

Performance of Job Tasks/Elements

<u>Process</u>	<u>Outcome Measures</u>
<p>At least one classroom visitation by Dean/Designee at a mutually agreed upon time once every three years.</p> <ul style="list-style-type: none"> • See Classroom Visitation Form or Health Professions Clinical Visitation Form 	<p>Satisfactory progress on the classroom visitation form as determined by the Dean/Designee.</p>
<p>Student assessment of instruction of every class within the 168-day contractual period. Forms shall be provided by College Administration.</p> <ul style="list-style-type: none"> • See Student Evaluation of Instruction Form, Student Evaluation of Instruction for Performing Arts Ensembles & Productions or ECC Student Evaluation of Instruction/Beginning ESL 	<p>Satisfactory completion of the analysis of student evaluations component of the Annual Self-Assessment Report.</p>
<p>Self-Assessment of performance on all tasks/elements in the Full Time Teaching Faculty position description by the Faculty Member. Assess Professional Development Plan progress.</p> <ul style="list-style-type: none"> • See Annual Self-Assessment Report Form 	<p>Satisfactory completion of the job tasks/elements component of the Annual Self-Assessment. Satisfactory completion of the Professional Development component of the Annual Self-Assessment.</p>
<p>One comprehensive evaluation conference every three years.</p> <ul style="list-style-type: none"> • See Annual Summary Evaluation Conference Report Form 	<p>Dean/Dean's Designee assessment of satisfactory performance as recorded in the Report of Triennial Summary Evaluation Conference.</p>

**EVALUATION CALENDAR
TENURED TEACHING FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

End of Semester	Student Evaluation of Instruction packets completed and returned
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Spring Semester

April 15	Annual Self-Assessment Report Completed Classroom Visitation Post-Conference completed
May 10	Triennial Summary Evaluation Conference completed
End of Semester	Student Evaluation of Instruction packets completed and returned

**EVALUATION CALENDAR - TENURED TEACHING FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

End of Semester	Student Evaluation of Instruction packets completed and returned
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Spring Semester

End of Semester	Student Evaluation of Instruction packets completed and returned
June 30	Annual Self-Assessment Report completed

Elgin Community College
CLASSROOM VISITATION FORM

Faculty Member:	Date of Visit:
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the "Teaching Methods" and "Media and/or Materials" for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.

Teaching Methods:

Media and/or Materials:

Learning Objectives and Syllabus:

NOTE: When observing an online class respond only to sections designated "ONLINE CLASS ONLY," each of which requires comments.

CLASSROOM VISITATION

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses appropriate examples and illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presents information that is current and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accurately answers student questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Presents information not contained in text/lab manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relates subject matter to real life situations/applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Tenured Full Time Teaching Faculty

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Subject matter competence is evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

B. Media and Materials	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Supplementary materials (e.g., handouts) are prepared and ready for use in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Supplementary materials (e.g., handouts) are neat and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Supplementary materials (e.g., handouts) are related to the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses media (e.g., videotape) that complement (rather than supplant) other parts of the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Audiovisual materials are clearly audible and/or visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uses media and/or materials on the basis of their potential to cause student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses media and/or materials that stimulate student interest in the course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
8. ONLINE CLASS ONLY Media and material usage is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Clearly identifies learning objectives either orally and/or visually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Learning objectives are presented early enough in the class period to guide student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Tenured Full Time Teaching Faculty

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
3. Learning objectives are consistent with the course objectives as stated in the syllabus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. States learning objectives in terms of measurable student outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Learning objectives enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

D. Methods and Motivation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses teaching methods that facilitate student achievement of the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Uses teaching methods that elicit responses from students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages students to express their ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Positively reinforces student participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Methods employed enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Explanations of subject material clearly support learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explains material in sufficient depth for student comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Explanations are logical and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses experiences/examples to clarify course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Tenured Full Time Teaching Faculty

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5. Emphasizes important points of material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Explanations are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

F. Questioning	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Encourages students to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Responds to students who have questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asks students questions to check for understanding of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Words questions to foster critical thinking by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Asks questions of students which are clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Allows students time to formulate responses to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Questioning is used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

G. Communication	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates in clear, correct and precise language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates oral English language proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Speaks distinctly with sufficient volume and appropriate speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses vocabulary appropriate to content and class level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Tenured Full Time Teaching Faculty

5. Varies pitch of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uses appropriate gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintains eye contact with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)

8. ONLINE CLASS ONLY Evidence observed of appropriate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ONLINE CLASS Comments Required

H. Organization	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Presents information in a way that permits note taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presentation of material has a logical flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sufficient time is allotted to meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)

4. ONLINE CLASS ONLY Course platform is appropriately organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ONLINE CLASS Comments Required

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Adjusts behavior to meet new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Welcomes differences in viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Varies presentation to accommodate varied learning styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Uses instructional techniques that meet individual learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintains a classroom climate respectful of differences in people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Tenured Full Time Teaching Faculty

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Evidence observed of appropriate flexibility and responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

J. Classroom Management	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Manages class time efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with disruptive student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Keeps student attention focused on learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Displays courtesy and respect for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Appropriate course management is observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

K. Summarizing	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Reviews learning activities to reinforce the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides opportunity for students to ask questions and give feedback about what was learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides assignments for the next lessons(s) and learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Previews the next class meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Evidence observed of appropriate summarizing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

L. Lab	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Laboratory is prepared and ready for student use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Laboratory experiences meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stresses safety precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explains the proper handling of environmentally hazardous material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Laboratory demonstrations are well planned, organized and presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provides adequate attention and feedback to each student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Lab experience enhances student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

M. Rehearsal (for performing arts ensemble & production courses)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Completes rehearsal units as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rehearses students as called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emphasizes creativity, professional standards and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Utilizes collaborative techniques to engage students in the creative process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gives constructive performance feedback to each student during rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Encourages students to provide constructive feedback during the rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						

POST-CLASSROOM VISITATION CONFERENCE

Evaluator's Comments:

Instructor's Reaction to Evaluation:

Large empty rectangular box for the instructor's reaction to the evaluation.

SIGNATURES

Evaluator's Signature:	Date:
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Instructor's Signature:	Date:
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IAC Approved 11/3/81; VP Approval 11/9/81; Revised 10/31/95; Format Revision Only 9/03; Format Revision Only 11/11/03
Original: Personnel File
Copy: Faculty Member
Copy: Supervising Administrator

Elgin Community College
Health Professions Clinical Visitation Form
 For Nursing & Surgical Technology

Faculty Member:	Date of Visit:
Facility:	Course Being Evaluated
Faculty Member Status: <input type="checkbox"/> Tenured <input type="checkbox"/> Non-tenured	
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the "Clinical Objectives" and the "Teaching Methodologies" and "Media and/or Materials" for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.

Clinical objectives for day of visitation:

Teaching Methodologies:

CLASSROOM VISITATION

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates to agency staff the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates to the students the clinical focus/expectations for the day Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identifies individual student learning needs as they relate to the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plans, organizes and adapts clinical activities to promote optimal student learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowledgeable of the plan of care for the students' assigned patients Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Engaged in students' clinical learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as a role model for professional nursing practice Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Tenured Full Time Teaching Faculty

Outcomes						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
8. Uses strategies to build student confidence in role development Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Explanations, based on evidence-based practice, are logical, understandable, and in sufficient depth for student comprehension Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Displays courtesy and respect towards students Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-clinical visitation conference comments:						
Instructor reaction to evaluation:						

SIGNATURES

Instructor's Reaction to Evaluation:

Evaluator's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Original: Personnel File
 Copy: Faculty Member
 Copy: Supervising Administrator

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction

Instructor Name: _____

Instructor Code

Class Code

Date: / /

Term: Fall Spring Summer

Example ACC 100-001	Course Information		
Prefix/Number/Section			
	Prefix	Number	Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- Requirement for your degree/certificate
- Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101)
- Other: _____
- Elective for your degree/certificate
- Personal interest

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

- Yes No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. Instructor presentations were well planned and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The examinations reflected the emphasis of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The assigned homework, papers or projects helped me learn the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor returned examinations and/or assignments within a reasonable time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:
 ABCDEFGHIJKLMNOPQRSTUVWXYZ 1234567890 ☒☑

Student Evaluation of Instruction for Performing Arts Ensembles & Productions

Instructor Name: _____

Instructor Code

Class Code

Date:		/		/	
Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer		

Example ACC 100-001	Course Information
Prefix/Number/Section	
Prefix	Number Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- Requirement for your degree/certificate
- Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101)
- Other: _____
- Elective for your degree/certificate
- Personal interest

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?
 Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?
 Yes No No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. The instructor managed rehearsal time well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions throughout a collaborative rehearsal process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Evaluation of student work reflected the course emphasis on creativity, professional standards and behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The rehearsal process and assigned homework helped me grow as an artist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor provided timely feedback on my assignments/performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Elgin Community College Student Evaluation of Instruction \ Beginning ESL

Instructor Name: _____

Instructor Code

Class Code

Date: / /

Term: Fall Spring Summer

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Short Answer Questions - Please write your answer on this sheet.

A. What did you like about this class? _____

B. How can this class be better? _____






C. Would you recommend this class to other students?

Yes No

D. Would you recommend this teacher to other students?

Yes No

II. Fill in the space with your answer.

					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Understand/ Not Applicable
1. The teacher is prepared for class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The teacher explains things and answers questions clearly with good examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The teacher tells the students their progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The teacher is happy to teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The teacher speaks clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The teacher makes all the students participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The teacher is polite and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The teacher's tests are about the lessons the students learn in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The homework and activities help the students learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The teacher helps all the students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The teacher returns homework and tests in a short time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The teacher told the students office hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The teacher makes the class interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I think I will move up to the next class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

**ANNUAL SELF-ASSESSMENT REPORT
TENURED TEACHING FACULTY**

Name of Faculty Member:	Assigned Discipline(s):
Supervising Administrator:	Date Submitted:

To be completed by the Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full time Teaching Faculty Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please describe how you perform each task/element.

- A. Deliver Instruction
- B. Evaluate Student Progress
- C. Provide Student Assistance
- D. Develop Curriculum
- E. Participate in Professional Development (including the previous year's Professional Development Plan)
- F. Participate in Departmental/Institutional Routines

II. Analysis of Student Evaluations

All Student Evaluation forms will be tabulated, copied with all student comments, and will be made available to the Faculty Member.

III. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
-----------------------------	-------

Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment Report.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Faculty Member

**TRIENNIAL SUMMARY EVALUATION CONFERENCE REPORT
TENURED TEACHING FACULTY**

Name of Faculty Member:	Assigned Discipline(s):
Supervising Administrator:	Date Submitted:

- I. The following assessment of the tenured Faculty Member's performance for the period of service since the previous evaluation conference must be prepared by the Supervising Administrator in writing before and shared with the evaluated Faculty Member during the Triennial Summary Evaluation Conference.
- A. Classroom Visitation and associated conferences
Strengths:
Area(s) Needing Development:
- B. Supervising Administrator's Comments on Faculty Member's Self-Assessment:
- C. Steps Necessary to Improve Work Performance:

Supervising Administrator's Signature:	Date:
--	-------

II. Faculty Member's Response:

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Faculty Member's Signature:	Date:
-----------------------------	-------

TY/ssa - 8/22/88, 12/14/95; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
Copy: Faculty Member
Copy: Supervising Administrator

**EVALUATION CHECKLIST
TENURED TEACHING FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Faculty Member:	Assigned Discipline:
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

- Classroom Visitation Form
- Annual Self-Assessment Report
- Triennial Summary Evaluation Conference Report

Signature of the Supervising Administrator:	Date:
---	-------

Signature of the V.P. for Teaching, Learning and Student Development:	Date:
---	-------

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

**EVALUATION CHECKLIST
TENURED TEACHING FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Faculty Member:	Assigned Discipline:
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period are:

- Annual Self-Assessment

Signature of the Supervising Administrator:	Date:
---	-------

Signature of the V.P. for Teaching, Learning and Student Development:	Date:
---	-------

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

TEACHING FACULTY

Unit Adjunct Teaching Faculty II, Section, 51

Evaluation Criteria of Unit Adjunct Teaching Faculty II, 52

Evaluation Calendar – Unit Adjunct Faculty II – Scheduled for Triennial Evaluation, 53

Evaluation Calendar – Unit Adjunct Faculty II – Not Scheduled for Triennial Evaluation, 54

Form: Classroom Visitation

- Classroom Visitation Form, 55
- Health Professions Clinical Visitation Form, 63

Form: Student Evaluation of Instruction

- Student Evaluation of Instruction Form, 65
- Student Evaluation of Instruction for Performing Arts Ensembles & Productions, 67
- Elgin Community College Student Evaluation of Instruction/Beginning ESL Form, 69

Form: Annual Self-Assessment Report – Unit Adjunct Teaching Faculty II, 71

Form: Triennial Summary Evaluation Conference Report – Unit Adjunct Teaching Faculty II, 72

Form: Evaluation Checklist – Unit Adjunct Teaching Faculty II – Scheduled for Triennial Evaluation, 73

Form: Evaluation Checklist – Unit Adjunct Teaching Faculty II Not Scheduled for Triennial Evaluation, 74

**EVALUATION CRITERIA
UNIT ADJUNCT TEACHING FACULTY II**

Criteria

Performance of Job Tasks/Elements

<u>Process</u>	<u>Outcome Measures</u>
<p>At least one classroom visitation by Dean/Designee at a mutually agreed upon time once every three years.</p> <ul style="list-style-type: none"> • See Classroom Visitation Form or the Health Professions Clinical Visitation Form 	<p>Satisfactory progress on the classroom visitation form as determined by the Dean/Designee.</p>
<p>Student assessment of instruction during the 168-day contractual period.</p> <ul style="list-style-type: none"> • See Student Evaluation of Instruction Form, Student Evaluation of Instruction for Performing Arts Ensembles & Productions, or ECC Student Evaluation of Instruction/Beginning ESL 	<p>Satisfactory completion of the analysis of student evaluations component of the Annual Self-Assessment Report.</p>
<p>Self-Assessment of performance on items in the Unit Adjunct II Teaching Faculty position description by the Faculty Member. Assess Professional Development Plan progress.</p> <ul style="list-style-type: none"> • See Self-Assessment Form 	<p>Satisfactory completion of the job tasks/elements position description component of the Annual Self-Assessment Report. Satisfactory completion of the Professional Development component of the Annual Self-Assessment.</p>
<p>One comprehensive evaluation conference every three years.</p> <ul style="list-style-type: none"> • See Annual Summary Evaluation Conference Report Form 	<p>Dean/Dean's Designee assessment of satisfactory performance as recorded in the Report of Triennial Summary Evaluation Conference.</p>

**EVALUATION CALENDAR
UNIT ADJUNCT TEACHING FACULTY II
SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

End of Semester	Student Evaluation of Instruction packets completed and returned
------------------------	--

Spring Semester

April 15	Annual Self-Assessment Report completed Classroom Visitation Post-Conference completed
May 10	Triennial Annual Summary Evaluation Conference completed
End of Semester	Student Evaluation of Instruction packets completed and returned

**EVALUATION CALENDAR
UNIT ADJUNCT TEACHING FACULTY II
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

End of Semester	Student Evaluation of Instruction packets completed and returned
------------------------	--

Spring Semester

End of Semester	Student Evaluation of Instruction packets completed and returned
June 30	Annual Self-Assessment Report completed

Elgin Community College
CLASSROOM VISITATION FORM

Faculty Member:	Date of Visit:
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the "Teaching Methods" and "Media and/or Materials" for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.
Teaching Methods:
Media and/or Materials:
Learning Objectives and Syllabus:

NOTE: When observing an online class respond only to sections designated "ONLINE CLASS ONLY," each of which requires comments.

CLASSROOM VISITATION

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses appropriate examples and illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presents information that is current and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accurately answers student questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Presents information not contained in text/lab manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relates subject matter to real life situations/applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
6. ONLINE CLASS ONLY Subject matter competence is evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

B. Media and Materials	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Supplementary materials (e.g., handouts) are prepared and ready for use in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Supplementary materials (e.g., handouts) are neat and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Supplementary materials (e.g., handouts) are related to the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses media (e.g., videotape) that complement (rather than supplant) other parts of the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Audiovisual materials are clearly audible and/or visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uses media and/or materials on the basis of their potential to cause student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses media and/or materials that stimulate student interest in the course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
8. ONLINE CLASS ONLY Media and material usage is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Clearly identifies learning objectives either orally and/or visually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Learning objectives are presented early enough in the class period to guide student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Learning objectives are consistent with the course objectives as stated in the syllabus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
4. States learning objectives in terms of measurable student outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Learning objectives enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

D. Methods and Motivation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses teaching methods that facilitate student achievement of the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Uses teaching methods that elicit responses from students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages students to express their ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Positively reinforces student participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Methods employed enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Explanations of subject material clearly support learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explains material in sufficient depth for student comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Explanations are logical and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses experiences/examples to clarify course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Emphasizes important points of material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Explanations are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

F. Questioning	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Encourages students to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Responds to students who have questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asks students questions to check for understanding of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Words questions to foster critical thinking by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Asks questions of students which are clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Allows students time to formulate responses to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Questioning is used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

G. Communication	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates in clear, correct and precise language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates oral English language proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Speaks distinctly with sufficient volume and appropriate speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses vocabulary appropriate to content and class level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Varies pitch of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Unit Adjunct Teaching Faculty II

6. Uses appropriate gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintains eye contact with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
8. ONLINE CLASS ONLY Evidence observed of appropriate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

H. Organization	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Presents information in a way that permits note taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presentation of material has a logical flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sufficient time is allotted to meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
4. ONLINE CLASS ONLY Course platform is appropriately organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Adjusts behavior to meet new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Welcomes differences in viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Varies presentation to accommodate varied learning styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Uses instructional techniques that meet individual learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintains a classroom climate respectful of differences in people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Evidence observed of appropriate flexibility and responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

J. Classroom Management	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Manages class time efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with disruptive student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Keeps student attention focused on learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Displays courtesy and respect for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Appropriate course management is observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

K. Summarizing	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Reviews learning activities to reinforce the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides opportunity for students to ask questions and give feedback about what was learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides assignments for the next lessons(s) and learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.						
5. Previews the next class meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Evidence observed of appropriate summarizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Unit Adjunct Teaching Faculty II

K. Summarizing	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
techniques						
<p>ONLINE CLASS Comments Required</p>						

L. Lab	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Laboratory is prepared and ready for student use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Laboratory experiences meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stresses safety precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explains the proper handling of environmentally hazardous material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Laboratory demonstrations are well planned, organized and presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provides adequate attention and feedback to each student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)</p>						
7. ONLINE CLASS ONLY Lab experience enhances student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ONLINE CLASS Comments Required</p>						

M. Rehearsal (for performing arts ensemble & production courses)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Completes rehearsal units as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rehearses students as called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emphasizes creativity, professional standards and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Utilizes collaborative techniques to engage students in the creative process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gives constructive performance feedback to each student during rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Encourages students to provide constructive feedback during the rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M. Rehearsal (for performing arts ensemble & production courses)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)

POST-CLASSROOM VISITATION CONFERENCE

Evaluator's Comments:

Instructor's Reaction to Evaluation:

SIGNATURES

Evaluator's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

IAC Approved 11/3/81; VP Approval 11/9/81; Revised 10/31/95; Format Revision Only 9/03; Format Revision Only 11/11/03
Original: Personnel File
Copy: Faculty Member
Copy: Supervising Administrator

**Elgin Community College
Health Professions Clinical Visitation Form
For Nursing & Surgical Technology**

Faculty Member:	Date of Visit:
Facility:	Course Being Evaluated
Faculty Member Status: <input type="checkbox"/> Tenured <input type="checkbox"/> Non-tenured	
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the "Clinical Objectives" and the "Teaching Methodologies" and "Media and/or Materials" for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.
Clinical objectives for day of visitation:
Teaching Methodologies:

CLASSROOM VISITATION

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates to agency staff the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates to the students the clinical focus/expectations for the day Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identifies individual student learning needs as they relate to the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plans, organizes and adapts clinical activities to promote optimal student learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowledgeable of the plan of care for the students' assigned patients Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Engaged in students' clinical learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as a role model for professional nursing practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Unit Adjunct Teaching Faculty II

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Evaluator Comments:						
8. Uses strategies to build student confidence in role development Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Explanations, based on evidence-based practice, are logical, understandable, and in sufficient depth for student comprehension Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Displays courtesy and respect towards students Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-clinical visitation conference comments:						
Instructor reaction to evaluation:						

SIGNATURES

Instructor's Reaction to Evaluation:

Evaluator's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Original: Personnel File
 Copy: Faculty Member
 Copy: Supervising Administrator

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction

Instructor Name: _____

Instructor Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Class Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Date: / /

Term: Fall Spring Summer

Example ACC 100-001	Course Information		
Prefix/Number/Section	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Prefix	Number	Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- | | |
|---|---|
| <input type="checkbox"/> Requirement for your degree/certificate | <input type="checkbox"/> Elective for your degree/certificate |
| <input type="checkbox"/> Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101) | <input type="checkbox"/> Personal interest |
| <input type="checkbox"/> Other: _____ | |

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

- Yes No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. Instructor presentations were well planned and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The examinations reflected the emphasis of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The assigned homework, papers or projects helped me learn the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor returned examinations and/or assignments within a reasonable time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction for Performing Arts Ensembles & Productions

Instructor Name: _____

Instructor Code

Class Code

Date:			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Term:	Fall	Spring	Summer

Example ACC 100-001	Course Information		
Prefix/Number/Section			
	Prefix	Number	Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- | | |
|---|---|
| <input type="checkbox"/> Requirement for your degree/certificate | <input type="checkbox"/> Elective for your degree/certificate |
| <input type="checkbox"/> Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101) | <input type="checkbox"/> Personal interest |
| <input type="checkbox"/> Other: _____ | |

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. The instructor managed rehearsal time well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions throughout a collaborative rehearsal process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Evaluation of student work reflected the course emphasis on creativity, professional standards and behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The rehearsal process and assigned homework helped me grow as an artist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor provided timely feedback on my assignments/performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Elgin Community College Student Evaluation of Instruction \ Beginning ESL

Instructor Name: _____

Instructor Code

Class Code

Date: / /

Term:
 Fall Spring Summer

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Short Answer Questions - Please write your answer on this sheet.

A. What did you like about this class? _____

B. How can this class be better? _____






C. Would you recommend this class to other students?

Yes No

D. Would you recommend this teacher to other students?

Yes No

II. Fill in the space with your answer.

					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Understand/ Not Applicable
1. The teacher is prepared for class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The teacher explains things and answers questions clearly with good examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The teacher tells the students their progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The teacher is happy to teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The teacher speaks clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The teacher makes all the students participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The teacher is polite and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The teacher's tests are about the lessons the students learn in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The homework and activities help the students learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The teacher helps all the students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The teacher returns homework and tests in a short time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The teacher told the students office hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The teacher makes the class interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I think I will move up to the next class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

**ANNUAL SELF-ASSESSMENT REPORT
UNIT ADJUNCT TEACHING FACULTY II**

Name of Faculty Member:	Assigned Discipline(s):
Supervising Administrator:	Date Submitted:

To be completed by the Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Unit Adjunct Teaching Faculty II Job Description
Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please describe how you perform each task/element.

- A. Deliver Instruction
- B. Evaluate Student Progress
- C. Provide Student Assistance
- D. Develop Curriculum
- E. Participate in Professional Development (including the previous year's Professional Growth Plan.)
- F. Participate in Departmental/Institutional Routines

II. Analysis of Student Evaluations

All student evaluation forms will be tabulated, copied with all student comments, and will be made available to the Unit Adjunct Teaching Faculty II member.

III. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
-----------------------------	-------

Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment Report.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03
Original: Supervising Administrator
Copy: Faculty Member

**TRIENNIAL SUMMARY EVALUATION CONFERENCE REPORT
UNIT ADJUNCT TEACHING FACULTY II**

Name of Faculty Member:	Assigned Discipline(s):
Supervising Administrator:	Date Submitted:

- I. The following assessment of the Faculty Member's performance for the period of service since the previous evaluation conference must be prepared by the Supervising Administrator in writing before and shared with the evaluated Faculty Member during the triennial summary evaluation conference.
 - A. Classroom Visitation and associated conferences
 Strengths:
 Area(s) Needing Development:
 - B. Supervising Administrator's Comments on Faculty Member's Self-Assessment:
 - C. Steps Necessary to Improve Work Performance:

Supervising Administrator's Signature:	Date:
--	-------

II. Faculty Member's Response:

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Faculty Member's Signature:	Date:
-----------------------------	-------

TY/ssa - 8/22/88, 12/14/95; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
 Copy: Faculty Member
 Copy: Supervising Administrator

**EVALUATION CHECKLIST
UNIT ADJUNCT TEACHING FACULTY II
SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Faculty Member:	Assigned Discipline:
Signature of Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

- Classroom Visitation Form
- Annual Self-Assessment Report Form
- Triennial Summary Evaluation Conference Report

Signature of the V.P. for Teaching, Learning and Student Development:	Date:
---	-------

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
Copy: Supervising Administrator

**EVALUATION CHECKLIST
UNIT ADJUNCT TEACHING FACULTY II
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Faculty Member:	Assigned Discipline:
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

- Annual Self-Assessment Report Form

Signature of Supervising Administrator:	Date
Signature of the V.P. for Teaching Learning and Student Development:	Date:

Original: Personnel File
Copy: Supervising Administrator

TEACHING FACULTY

Unit Adjunct Teaching Faculty I Section, 75

Evaluation Criteria – Unit Adjunct Teaching Faculty I, 76

Evaluation Calendar – Unit Adjunct Teaching Faculty I – Scheduled for Evaluation, 77

Evaluation Calendar – Unit Adjunct Teaching Faculty I – Not Scheduled for Evaluation, 78

Form: Classroom Visitation

- Classroom Visitation Form, 79
- Health Professions Clinical Visitation Form, 87

Form: Student Evaluation of Instruction

- Student Evaluation of Instruction Form, 89
- Student Evaluation of Instruction for Performing Arts Ensembles & Productions, 91
- Elgin Community College Student Evaluation of Instruction/Beginning ESL Form, 93

Form: Evaluation Checklist - Unit Adjunct Teaching Faculty I – Scheduled for Evaluation, 95

**EVALUATION CRITERIA
UNIT ADJUNCT TEACHING FACULTY I**

Faculty who have taught 6 or more semesters - every two years
Faculty who have taught for 5 semesters or less - every year

Criteria

Performance of Job Tasks/Elements

<u>Process</u>	<u>Outcome Measures</u>
<p>At least one classroom visitation by Dean/Designee at a mutually agreed upon time once every two years.</p> <ul style="list-style-type: none"> • See Classroom Visitation Form or Health Professions Clinical Visitation Form 	<p>Satisfactory progress on the classroom visitation form as determined by the Dean/Designee.</p>
<p>Student assessment of instruction during the 168-day contractual period.</p> <ul style="list-style-type: none"> • See Student Evaluation of Instruction Form, Student Evaluation of Instruction for Performing Arts Ensembles & Productions, or ECC Student Evaluation of Instruction/Beginning ESL 	<p>Dean/Dean's Designee assessment of satisfactory performance as recorded in the Classroom Visitation Form and Student Evaluation of Instruction Form.</p>

**EVALUATION CALENDAR
UNIT ADJUNCT TEACHING FACULTY I
SCHEDULED FOR EVALUATION**

Faculty who have taught 6 or more semesters - every two years
Faculty who have taught for 5 semesters or less - every year

End of Semester	Student Evaluation of Instruction packets completed and returned
------------------------	--

Spring Semester

April 15	Classroom Visitation Post-Conference Completed
End of Semester	Student Evaluation of Instruction packets completed and returned

EVALUATION CALENDAR
UNIT ADJUNCT TEACHING FACULTY I
NOT SCHEDULED FOR EVALUATION
Faculty who have taught 6 or more semesters – every two years
Faculty who have taught for 5 semesters or less - every year

Fall Semester

End of Semester	Student Evaluation of Instruction packets completed and returned
------------------------	--

Spring Semester

End of Semester	Student Evaluation of Instruction packets completed and returned
------------------------	--

Elgin Community College
CLASSROOM VISITATION FORM

Faculty Member:	Date of Visit:
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the "Teaching Methods" and "Media and/or Materials" for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.

Teaching Methods:
Media and/or Materials:
Learning Objectives and Syllabus:

NOTE: When observing an online class respond only to sections designated "ONLINE CLASS ONLY," each of which requires comments.

CLASSROOM VISITATION

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses appropriate examples and illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presents information that is current and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accurately answers student questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Presents information not contained in text/lab manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relates subject matter to real life situations/ applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Subject matter competence is evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

B. Media and Materials	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Supplementary materials (e.g., handouts) are prepared and ready for use in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Supplementary materials (e.g., handouts) are neat and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Supplementary materials (e.g., handouts) are related to the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses media (e.g., videotape) that complement (rather than supplant) other parts of the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Audiovisual materials are clearly audible and/or visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uses media and/or materials on the basis of their potential to cause student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses media and/or materials that stimulate student interest in the course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
8. ONLINE CLASS ONLY Media and material usage is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Clearly identifies learning objectives either orally and/or visually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Learning objectives are presented early enough in the class period to guide student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
3. Learning objectives are consistent with the course objectives as stated in the syllabus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. States learning objectives in terms of measurable student outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Learning objectives enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

D. Methods and Motivation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses teaching methods that facilitate student achievement of the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Uses teaching methods that elicit responses from students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages students to express their ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Positively reinforces student participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Methods employed enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Explanations of subject material clearly support learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explains material in sufficient depth for student comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Explanations are logical and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses experiences/examples to clarify course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Unit Adjunct Teaching Faculty I

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5. Emphasizes important points of material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Explanations are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

F. Questioning	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Encourages students to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Responds to students who have questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asks students questions to check for understanding of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Words questions to foster critical thinking by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Asks questions of students which are clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Allows students time to formulate responses to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Questioning is used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

G. Communication	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates in clear, correct and precise language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates oral English language proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Speaks distinctly with sufficient volume and appropriate speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses vocabulary appropriate to content and class level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty	Unit Adjunct Teaching Faculty I					
5. Varies pitch of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uses appropriate gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintains eye contact with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
8. ONLINE CLASS ONLY Evidence observed of appropriate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

H. Organization	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Presents information in a way that permits note taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presentation of material has a logical flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sufficient time is allotted to meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
4. ONLINE CLASS ONLY Course platform is appropriately organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Adjusts behavior to meet new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Welcomes differences in viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Varies presentation to accommodate varied learning styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Uses instructional techniques that meet individual learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintains a classroom climate respectful of differences in people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Unit Adjunct Teaching Faculty I

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Evidence observed of appropriate flexibility and responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

J. Classroom Management	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Manages class time efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with disruptive student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Keeps student attention focused on learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Displays courtesy and respect for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Appropriate course management is observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

K. Summarizing	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Reviews learning activities to reinforce the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides opportunity for students to ask questions and give feedback about what was learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides assignments for the next lessons(s) and learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Previews the next class meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Evidence observed of appropriate summarizing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Unit Adjunct Teaching Faculty I

K. Summarizing	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<p>ONLINE CLASS Comments Required</p>						

L. Lab	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Laboratory is prepared and ready for student use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Laboratory experiences meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stresses safety precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explains the proper handling of environmentally hazardous material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Laboratory demonstrations are well planned, organized and presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provides adequate attention and feedback to each student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)</p>						
7. ONLINE CLASS ONLY Lab experience enhances student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ONLINE CLASS Comments Required</p>						

M. Rehearsal (for performing arts ensemble & production courses)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Completes rehearsal units as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rehearses students as called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emphasizes creativity, professional standards and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Utilizes collaborative techniques to engage students in the creative process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gives constructive performance feedback to each student during rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Encourages students to provide constructive feedback during the rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)</p>						

Evaluator's Comments:

Instructor's Reaction to Evaluation:

SIGNATURES

Evaluator's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

IAC Approved 11/3/81; VP Approval 11/9/81; Revised 10/31/95; Format Revision Only 9/03; Format Revision Only 11/11/03
Original: Personnel File
Copy: Faculty Member
Copy: Supervising Administrator

Elgin Community College
Health Professions Clinical Visitation Form
For Nursing & Surgical Technology

Teaching Faculty

Unit Adjunct Teaching Faculty I

Faculty Member:	Date of Visit:
Facility:	Course Being Evaluated
Faculty Member Status: <input type="checkbox"/> Tenured <input type="checkbox"/> Non-tenured	
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the “Clinical Objectives” and the “Teaching Methodologies” and “Media and/or Materials” for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.

Clinical objectives for day of visitation:

Teaching Methodologies:

CLASSROOM VISITATION

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates to agency staff the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates to the students the clinical focus/expectations for the day Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identifies individual student learning needs as they relate to the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plans, organizes and adapts clinical activities to promote optimal student learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowledgeable of the plan of care for the students' assigned patients Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Engaged in students' clinical learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as a role model for professional nursing practice Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Uses strategies to build student confidence in role development Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Unit Adjunct Teaching Faculty I

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
9. Explanations, based on evidence-based practice, are logical, understandable, and in sufficient depth for student comprehension Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Displays courtesy and respect towards students Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-clinical visitation conference comments:						
Instructor reaction to evaluation:						

SIGNATURES

Instructor's Reaction to Evaluation:

Evaluator's Signature:	Date:
------------------------	-------

Instructor's Signature:	Date:
-------------------------	-------

Original: Personnel File
 Copy: Faculty Member
 Copy: Supervising Administrator

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction

Instructor Name: _____

Instructor Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Class Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Date: / /

Term: Fall Spring Summer

Example ACC 100-001	Course Information		
Prefix/Number/Section	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Prefix	Number	Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- | | |
|---|---|
| <input type="checkbox"/> Requirement for your degree/certificate | <input type="checkbox"/> Elective for your degree/certificate |
| <input type="checkbox"/> Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101) | <input type="checkbox"/> Personal interest |
| <input type="checkbox"/> Other: _____ | |

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

- Yes No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. Instructor presentations were well planned and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The examinations reflected the emphasis of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The assigned homework, papers or projects helped me learn the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor returned examinations and/or assignments within a reasonable time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction for Performing Arts Ensembles & Productions

Instructor Name: _____

Instructor Code

Class Code

Date:			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Term:	Fall	Spring	Summer

Example ACC 100-001	Course Information		
Prefix/Number/Section			
	Prefix	Number	Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- | | |
|---|---|
| <input type="checkbox"/> Requirement for your degree/certificate | <input type="checkbox"/> Elective for your degree/certificate |
| <input type="checkbox"/> Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101) | <input type="checkbox"/> Personal interest |
| <input type="checkbox"/> Other: _____ | |

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. The instructor managed rehearsal time well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions throughout a collaborative rehearsal process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Evaluation of student work reflected the course emphasis on creativity, professional standards and behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The rehearsal process and assigned homework helped me grow as an artist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor provided timely feedback on my assignments/performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Elgin Community College Student Evaluation of Instruction \ Beginning ESL

Instructor Name: _____

Instructor Code

Class Code

Date: / /

Term: Fall Spring Summer

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Short Answer Questions - Please write your answer on this sheet.

A. What did you like about this class? _____

B. How can this class be better? _____






C. Would you recommend this class to other students?

Yes No

D. Would you recommend this teacher to other students?

Yes No

II. Fill in the space with your answer.

					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Understand/ Not Applicable
1. The teacher is prepared for class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The teacher explains things and answers questions clearly with good examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The teacher tells the students their progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The teacher is happy to teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The teacher speaks clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The teacher makes all the students participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The teacher is polite and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The teacher's tests are about the lessons the students learn in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The homework and activities help the students learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The teacher helps all the students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The teacher returns homework and tests in a short time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The teacher told the students office hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The teacher makes the class interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I think I will move up to the next class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

**EVALUATION CHECKLIST
UNIT ADJUNCT TEACHING FACULTY I
SCHEDULED FOR EVALUATION**

Faculty who have taught 6 or more semesters – every two years
Faculty who have taught for 5 semesters or less - every year

Name of Faculty Member:	Assigned Discipline:
Signature of Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

Classroom Visitation Form

Signature of the V.P. for Teaching, Learning and Student Development:	Date:
---	-------

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
Copy: Supervising Administrator

TEACHING FACULTY

Non-Unit Part Time Teaching Faculty Section, 96

Evaluation Criteria – Non Unit Part Time Teaching Faculty, 97

Calendar – Non-unit Part Time Teaching Faculty, 98

Form: Classroom Visitation

- Classroom Visitation Form, 99
- Health Professions Clinical Visitation Form, 107

Form: Student Evaluation of Instruction

- Student Evaluation of Instruction Form, 109
- Student Evaluation of Instruction for Performing Arts Ensembles & Productions, 111
- Elgin Community College Student Evaluation of Instruction/Beginning ESL Form, 113

Form: Evaluation Checklist – Non-unit Part Time Teaching, 115

**EVALUATION CRITERIA
NON UNIT PART TIME TEACHING FACULTY**

Criteria

Performance of Job Tasks/Elements

<u>Process</u>	<u>Outcome Measures</u>
<p>At least one classroom visitation by Dean/Designee at a mutually agreed upon time.</p> <ul style="list-style-type: none"> • See Classroom Visitation Form or Health Professions Clinical Visitation Form 	<p>Satisfactory progress on the classroom visitation form as determined by the Dean/Designee.</p>
<p>Student assessment of instruction</p> <ul style="list-style-type: none"> • See Student Evaluation of Instruction Form, Student Evaluation of Instruction for Performing Arts Ensembles & Productions, or ECC Student Evaluation of Instruction/Beginning ESL 	<p>Dean/Dean's Designee assessment of satisfactory performance as recorded in the Classroom Visitation Form and Student Evaluation of Instruction Form.</p>

**EVALUATION CALENDAR
NON UNIT PART TIME TEACHING FACULTY**

Fall Semester

September 15	Faculty Supervisors assigned
December 1	Classroom Visitation and Evaluation process completed by Faculty Supervisor
End of Semester	Student Evaluations completed and returned

Spring Semester

February 15	Faculty Supervisors assigned
May 1	Classroom Visitation and Evaluation process completed by Faculty Supervisor
End of Semester	Student Evaluations completed and returned

Summer Term

June 15	Faculty Supervisors assigned
August 10	Classroom Visitation and Evaluation process completed by Faculty Supervisor
End of Semester	Student Evaluations completed and returned

Elgin Community College
CLASSROOM VISITATION FORM

Faculty Member:	Date of Visit:
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the "Teaching Methods" and "Media and/or Materials" for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.

Teaching Methods:

Media and/or Materials:

Learning Objectives and Syllabus:

NOTE: When observing an online class respond only to sections designated "ONLINE CLASS ONLY," each of which requires comments.

CLASSROOM VISITATION

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses appropriate examples and illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presents information that is current and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accurately answers student questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Presents information not contained in text/lab manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relates subject matter to real life situations/applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Non-Unit Adjunct Teaching Faculty

A. Subject Matter Competence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Subject matter competence is evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

B. Media and Materials	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
9. Supplementary materials (e.g., handouts) are prepared and ready for use in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Supplementary materials (e.g., handouts) are neat and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Supplementary materials (e.g., handouts) are related to the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Uses media (e.g., videotape) that complement (rather than supplant) other parts of the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Audiovisual materials are clearly audible and/or visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Uses media and/or materials on the basis of their potential to cause student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Uses media and/or materials that stimulate student interest in the course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
ONLINE CLASS ONLY Media and material usage is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Clearly identifies learning objectives either orally and/or visually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Learning objectives are presented early enough in the class period to guide student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Non-Unit Adjunct Teaching Faculty

C. Learning Objectives	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
3. Learning objectives are consistent with the course objectives as stated in the syllabus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. States learning objectives in terms of measurable student outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Learning objectives enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

D. Methods and Motivation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Uses teaching methods that facilitate student achievement of the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Uses teaching methods that elicit responses from students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages students to express their ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Positively reinforces student participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Methods employed enhance student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Explanations of subject material clearly support learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explains material in sufficient depth for student comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Explanations are logical and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses experiences/examples to clarify course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Non-Unit Adjunct Teaching Faculty

E. Explanations	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5. Emphasizes important points of material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
6. ONLINE CLASS ONLY Explanations are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

F. Questioning	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Encourages students to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Responds to students who have questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asks students questions to check for understanding of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Words questions to foster critical thinking by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Asks questions of students which are clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Allows students time to formulate responses to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Questioning is used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

G. Communication	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates in clear, correct and precise language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates oral English language proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Speaks distinctly with sufficient volume and appropriate speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses vocabulary appropriate to content and class level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty	Non-Unit Adjunct Teaching Faculty					
5. Varies pitch of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uses appropriate gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintains eye contact with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
8. ONLINE CLASS ONLY Evidence observed of appropriate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

H. Organization	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Presents information in a way that permits note taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presentation of material has a logical flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sufficient time is allotted to meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
4. ONLINE CLASS ONLY Course platform is appropriately organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Adjusts behavior to meet new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Welcomes differences in viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Varies presentation to accommodate varied learning styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Uses instructional techniques that meet individual learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintains a classroom climate respectful of differences in people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Non-Unit Adjunct Teaching Faculty

I. Flexibility/Responsiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
7. ONLINE CLASS ONLY Evidence observed of appropriate flexibility and responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

J. Classroom Management	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Manages class time efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deals effectively with disruptive student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Keeps student attention focused on learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Displays courtesy and respect for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Appropriate course management is observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLINE CLASS Comments Required						

K. Summarizing	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Reviews learning activities to reinforce the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides opportunity for students to ask questions and give feedback about what was learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides assignments for the next lessons(s) and learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Previews the next class meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)						
5. ONLINE CLASS ONLY Evidence observed of appropriate summarizing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Non-Unit Adjunct Teaching Faculty

K. Summarizing	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<p>ONLINE CLASS Comments Required</p>						

L. Lab	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Laboratory is prepared and ready for student use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Laboratory experiences meet the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stresses safety precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explains the proper handling of environmentally hazardous material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Laboratory demonstrations are well planned, organized and presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provides adequate attention and feedback to each student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)</p>						
7. ONLINE CLASS ONLY Lab experience enhances student success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ONLINE CLASS Comments Required</p>						

M. Rehearsal (for performing arts ensemble & production courses)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Completes rehearsal units as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rehearses students as called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emphasizes creativity, professional standards and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Utilizes collaborative techniques to engage students in the creative process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gives constructive performance feedback to each student during rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Encourages students to provide constructive feedback during the rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments: (Required for Disagree and Strongly Disagree ratings; all comments encouraged)</p>						

Evaluator's Comments:

Instructor's Reaction to Evaluation:

SIGNATURES

Evaluator's Signature:

Date:

Instructor's Signature:

Date:

IAC Approved 11/3/81; VP Approval 11/9/81; Revised 10/31/95; Format Revision Only 9/03; Format Revision Only 11/11/03
Original: Personnel File
Copy: Faculty Member
Copy: Supervising Administrator

**Elgin Community College
Health Professions Clinical Visitation Form
For Nursing & Surgical Technology**

Faculty Member:	Date of Visit:
Facility:	Course Being Evaluated
Faculty Member Status: <input type="checkbox"/> Tenured <input type="checkbox"/> Non-tenured	
Evaluator:	Evaluator's Position:

PRE-CLASSROOM VISITATION CONFERENCE

The Faculty Member should write in the space provided the "Clinical Objectives" and the "Teaching Methodologies" and "Media and/or Materials" for the class to be observed and attach the Learning Objectives. He/she should also provide a copy of the syllabus to the evaluator(s) in advance.
Clinical objectives for day of visitation:
Teaching Methodologies:

CLASSROOM VISITATION

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. Communicates to agency staff the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates to the students the clinical focus/expectations for the day Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identifies individual student learning needs as they relate to the clinical focus Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plans, organizes and adapts clinical activities to promote optimal student learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowledgeable of the plan of care for the students' assigned patients Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Engaged in students' clinical learning Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Faculty

Non-Unit Adjunct Teaching Faculty

Outcomes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
7. Acts as a role model for professional nursing practice Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Uses strategies to build student confidence in role development Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Explanations, based on evidence-based practice, are logical, understandable, and in sufficient depth for student comprehension Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Displays courtesy and respect towards students Evaluator Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-clinical visitation conference comments:						
Instructor reaction to evaluation:						

SIGNATURES

Instructor's Reaction to Evaluation:

Evaluator's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Original: Personnel File
 Copy: Faculty Member
 Copy: Supervising Administrator

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction

Instructor Name: _____

Instructor Code

Class Code

Date: / /

Term: Fall Spring Summer

Example ACC 100-001	Course Information		
Prefix/Number/Section			
	Prefix	Number	Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- Requirement for your degree/certificate
- Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101)
- Other: _____
- Elective for your degree/certificate
- Personal interest

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

- Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

- Yes No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. Instructor presentations were well planned and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The examinations reflected the emphasis of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The assigned homework, papers or projects helped me learn the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor returned examinations and/or assignments within a reasonable time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Student Evaluation of Instruction for Performing Arts Ensembles & Productions

Instructor Name: _____

Instructor Code

Class Code

Date:			
Term:	Fall	Spring	Summer

Example ACC 100-001	Course Information		
Prefix/Number/Section	Prefix	Number	Section

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Mark the space below which best describes the reason you took this course.

- Requirement for your degree/certificate
- Requirement for your degree/certificate but outside your major area of study (for example, a history major taking ENG 101)
- Other: _____
- Elective for your degree/certificate
- Personal interest

II. Short Answer Questions - Please write your answer on this sheet.

A. What was most valuable about this course? _____

B. How could this course be improved? _____

C. Would you recommend this course to another student?

Yes No No other choice available to students

Why? (list reasons) _____

D. Would you recommend this instructor to another student?

Yes No No other choice available to students

Why? (list reasons) _____

III. Answer the following questions by putting a check in the appropriate box which most accurately indicates your response. If any of the following items do not apply to your instructor or class, use the Not Applicable/Do Not Understand column.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/Do Not Understand
1. The instructor managed rehearsal time well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly defined the objectives of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The instructor clearly defined his/her expectations of me in this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor had a positive attitude about the subject matter of this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor communicated clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor encouraged students to express their ideas and opinions throughout a collaborative rehearsal process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The instructor treated students with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Evaluation of student work reflected the course emphasis on creativity, professional standards and behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The rehearsal process and assigned homework helped me grow as an artist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grading methods in this course were fair and impartial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructor provided timely feedback on my assignments/performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you tried to contact the instructor, the instructor was generally accessible to give assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The overall quality of teaching in this course was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. What grade do you expect to receive in this class? (Check appropriate box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A	B	C	D	F

IV. Additional information: Your instructor may have additional items to be included in this survey.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Elgin Community College Student Evaluation of Instruction \ Beginning ESL

Instructor Name: _____

Instructor Code

Class Code

Date: / /

Term: Fall Spring Summer

The basic purpose of this student evaluation questionnaire is to help the instructor identify areas of strength as well as potential areas for professional growth and development. This questionnaire will be part of the instructor's yearly Self-Assessment and Triennial Evaluation.

I. Short Answer Questions - Please write your answer on this sheet.

A. What did you like about this class? _____

B. How can this class be better? _____






C. Would you recommend this class to other students?

Yes No

D. Would you recommend this teacher to other students?

Yes No

II. Fill in the space with your answer.

					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Understand/ Not Applicable
1. The teacher is prepared for class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The teacher explains things and answers questions clearly with good examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The teacher tells the students their progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The teacher is happy to teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The teacher speaks clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The teacher makes all the students participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The teacher is polite and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The teacher's tests are about the lessons the students learn in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The homework and activities help the students learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The teacher helps all the students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The teacher returns homework and tests in a short time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The teacher told the students office hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The teacher makes the class interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I think I will move up to the next class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

**EVALUATION CHECKLIST
NON UNIT TEACHING FACULTY**

Name of Faculty Member:	Assigned Discipline:
Signature of Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

- Classroom Visitation Form

Signature of the V.P. for Teaching, Learning and Student Development:	Date:
---	-------

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
Copy: Supervising Administrator

COUNSELING FACULTY

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EVALUATION CRITERIA
NONTENURED AND TEMPORARY FULL TIME COUNSELING FACULTY

Criteria

Performance of Job Tasks/Elements

<u>Process</u>	<u>Outcome Measures</u>
<p>Two direct observations of formal counselor/student interactions per semester at a mutually agreed to time.</p> <ul style="list-style-type: none"> • See Counseling Evaluation Form 	<p>Satisfactory progress toward the committee's expectation for tenure recommendation in the interview and advising sessions as recommended by the Committee and determined by the Dean/Dean's Designee on an annual basis.</p>
<p>At least one content assessment of a portfolio per year by assigned Counseling Faculty Committee Member.</p> <ul style="list-style-type: none"> • See Annual Content Assessment Report Form 	<p>Satisfactory progress toward the committee's expectation for tenure recommendation in providing and delivering accurate, understandable counseling information and student services as determined by the content assessor.</p>
<p>Annual written evaluation of a sample of ten students served, taken from intake/appointment data collected from Counseling Center.</p> <ul style="list-style-type: none"> • See Counseling Center Evaluation Form 	<p>Satisfactory completion of the analysis of the Counseling Center Evaluation Forms component of the Annual Self-Assessment Report.</p>
<p>Review of Counselor's accomplishments of work-related goals. Observation and assessment of professional performance to be carried out by the Counseling Faculty Member.</p> <ul style="list-style-type: none"> • See Annual Self-Assessment Report • See 	<p>Satisfactory progress toward the committee's expectation for tenure recommendation as recommended by the Committee and determined by the appropriate Dean/Dean's Designee on an annual basis.</p>
<p>Observation and assessment of professional performance to be carried out by the Dean or Dean's Designee (annual evaluation).</p> <ul style="list-style-type: none"> • See Annual Summary Evaluation Conference Report 	<p>Committee recommendation and appropriate Dean/Dean's Designee assessment of satisfactory progress toward the Committee's expectations for tenure recommendation as recorded in the Annual Summary Evaluation Conference Report.</p>

**TENURE AND EVALUATION COMMITTEE
NONTENURED AND TEMPORARY FULL TIME COUNSELING FACULTY**

The Committee Reviews Nontenured Counseling Faculty evaluative materials and makes recommendations to Vice President for Teaching, Learning and Student Development.

Team Makeup - Faculty and Administration

- Supervising Administrator, Chair
 - Three Tenured Counselors
- I. The senior Counseling Faculty from the seniority list in the department or a department of a closely related field will serve. Counseling Committees will be completed with three tenured counselors. Committee service is a contractual obligation of Counseling Faculty selected. The Elgin Community College Faculty Association expects all faculty accepting the responsibility of serving on a tenure committee to attend a tenure process workshop. Faculty serving on more than one tenure committee are expected to attend no more than one tenure workshop meeting per academic year. Should any member serving on a tenure committee or a non-tenured Counseling Faculty Member miss a deadline related to the tenure process, the Senate President and the College President will be immediately notified, and a meeting will be scheduled with the parties to remedy the situation.
 2. No Counseling Faculty Member will be required to serve on more than one Tenure and Evaluation committee at a time.
 3. The list of Faculty eligible to serve will be prepared as soon as possible after the board approves hiring of a full time Counseling Faculty Member.
 - The list will be mutually determined by Administration and the Association.
 - The list will include a minimum of four Counseling Faculty in addition to the Counseling Faculty Member automatically assigned.
 - The eligibility list will include as many faculty as are qualified from among all faculty in the discipline, in closely related disciplines and/or in the degrees providing relevant experience.
 4. The manner of selection from the eligibility list will be in the following order:
 - One (1) chosen by the Association from non-tenured Counseling Faculty recommendation
 - One (1) chosen by Administration
 5. Counseling Faculty will be determined from an eligibility list no later than the end of the third week of classes for both fall hires and spring hires.
 6. Committee members from the faculty will each serve once as an observer of formal counselor/student interactions and once as content assessor on a rotating basis during the probationary period.
 7. A summative recommendation will be made as follows:
 - Recommendation of Committee to Dean.
 - Committee and Dean's recommendations to Vice President.
 - Vice President's recommendation to President.
 - President's recommendation to Board in cases of non-renewal, renewal, extension of probation for one year, or tenure.

**FALL HIRE
EVALUATION CALENDAR
NONTENURED AND TEMPORARY FULL TIME COUNSELING FACULTY**

Fall Semester

End of 3rd Week of Classes	Committee chosen and Content Assessor chosen
Between End of 3rd Week of Classes and October 31	<ul style="list-style-type: none"> ➤ Pre-Conference Dean/Designee and Nontenured Counseling Faculty - identify dates for evaluation of formal Counselor/student interactions ➤ Identify dates for collection of Counselor Center Evaluation Forms ➤ Dean/Designee observes session and completes form ➤ Committee Members and Nontenured Counseling Faculty meet to discuss and review session ➤ Committee meets and agrees on feedback
October 31	Post-Conference between Dean/Designee and Nontenured Counseling Faculty
December 1	Content Assessment Portfolio Submitted by Nontenured Counseling Faculty
End of Semester	Counseling Center Evaluation Forms completed and returned

Spring Semester

Opening Day	Content Assessor Report on file in Dean's/Designee's office
End of 1st Week of Classes	Nontenured Counseling Faculty Self-Assessment Report due
Beginning 2nd Week of Classes	All available evaluative materials will be accessible for review by the Committee in the Dean's/Designee's office.
End of 2nd Week of Classes	Committee recommendations to Vice President for Teaching, Learning and Student Development.
End of 3rd Week of Classes	Annual Summary Conference between Dean/Designee (Within 48 hours after the Annual Summary Conference, the annual report will be available for review by the Committee in the Dean's/Designee's office.)

Counseling Faculty**Nontenured and Temporary Full Time Counseling Faculty**

March 1	Notification of Non-renewal (A special Board meeting may need to be called to accommodate this deadline.)
Between End of 3rd Week of Classes and April 10	<ul style="list-style-type: none">➤ Pre-Conference between Committee Member and Nontenured Counseling Faculty - identify dates for evaluation of formal Counselor/student interactions➤ Identify dates for collection of Counseling Center Evaluation Forms➤ Committee Member observes session and completes form➤ Dean/Designee, Committee Members and Nontenured Counseling Faculty meet to discuss and review session➤ Committee meets and agrees on feedback
April 10	Post-Conference between Committee Member and Nontenured Counseling Faculty
End of Semester	Counseling Center Evaluation Forms completed and returned

**SPRING HIRE
EVALUATION CALENDAR
NONTENURED AND TEMPORARY FULL TIME COUNSELING FACULTY**

Spring Semester

End of 3rd Week of Classes	Committee chosen and Content Assessor chosen
Between 3rd Week of Classes and April 10	<ul style="list-style-type: none"> ➤ Pre-Conference between Dean/Designee and Nontenured Counseling Faculty ➤ Identify dates for evaluation of formal Counselor/student interactions ➤ Identify dates for collection of Counseling Center Evaluation Forms ➤ Dean/Designee observes session and completes form ➤ Committee Members & Nontenured Counseling Faculty meet to discuss and review session ➤ Committee meets and agrees on feedback
April 10	Post-Conference between Dean/Designee and Nontenured Counseling Faculty
May 1	Content Assessment Portfolio Submitted by Nontenured Counseling Faculty
End of Semester	Counseling Center Evaluation Forms completed and returned.

Fall Semester

Opening Day	Content Assessor Report on file in Dean's Designee's office
End of 1st Week of Classes	Nontenured Counseling Faculty Self-Assessment due
Beginning 2nd Week of Classes	All available evaluative materials will be accessible for review by the Committee in the Dean's/Designee's office
End of 2nd Week of Classes	Committee recommendation to Vice President for Teaching, Learning and Student Development
End of 3rd Week of Classes	Annual Summary Conference – Dean/Designee and Nontenured Counseling Faculty (Within 48 hours after the annual summary conference, the annual report will be available for review by the Committee in the Dean's/Dean's Designee's office.)
October 1	Notification of Non-renewal (A special Board meeting may need to be called to accommodate this deadline.)

Counseling Faculty**Nontenured and Temporary Full Time Counseling Faculty**

Between End of 3rd Week of Classes and October 31	<ul style="list-style-type: none">➤ Pre-Conference between Committee Member and Nontenured Counseling Faculty - identify dates for evaluation of formal Counselor/student interactions➤ Identify dates for collection of Counseling Center Evaluation Forms➤ Committee Member observes session and completes form➤ Dean/Designee, Committee Members and Nontenured Counseling Faculty meet to discuss and review session➤ Committee meets and agrees on feedback
October 31	Post-Conference between Committee Member and Nontenured Counseling Faculty
End of Semester	Counseling Center Evaluation Forms completed and returned.

**Elgin Community College
COUNSELING OBSERVATION FORM**

Counseling Faculty Member:	Date of Visit:
Evaluator:	Evaluator's Position:

GENERAL SESSION INFORMATION

Session observed <input type="checkbox"/> Intake <input type="checkbox"/> Appointment
Reason student was seen by the counselor. <input type="checkbox"/> Academic Advising/Educational Planning <input type="checkbox"/> Career Counseling <input type="checkbox"/> Personal Social <input type="checkbox"/> Other

On a scale of 5–1, with 5 being outstanding and 1 being unacceptable, please rank the counseling session based on your observations.

A. SESSION VISITATION

	5	4	3	2	1	Not Applicable
1. Counselor helped the student feel comfortable in the counseling setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Counselor demonstrated concern and understanding for the students needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Counselor asked appropriate questions in order to understand and help the student reach and achieve their goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Counselor helped student to determine appropriate actions to reach their goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Counselor showed sensitivity to multicultural differences and diversity, gender differences, age, and sexual orientation issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Counselor provided information in the appropriate time table for intake or appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Counselor projected professional rapport with students and showed professional objectivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Students was referred to appropriate resources at the college and in the community when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. General information given to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Academic information given to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Career information provided to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Counselor worked in the best interest of the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Counselor followed office procedures completing forms and referrals in an appropriate way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counselor effectively summarized the session and plans for follow up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Strength and Expertise

List areas of strength and expertise observed in this counseling session: Examples include establishing rapport, knowledge of material, welcoming to student...

1.
2.
3.
4.
5.

C. Suggested Recommendations for use in future counseling sessions.

1.
2.
3.
4.

What could have been done to make the session more productive -

Evaluator Signature:	Date:
Counselor Faculty Reaction to Evaluation:	
Counselor Faculty Signature	Date

Original: Personnel File
Copy: Faculty Member
Copy: Supervising Administrator

COUNSELING CENTER EVALUATION FORM

The Counseling Center strives to provide the students of Elgin Community College with quality academic advising, career counseling, and social/personal counseling. Please take a few moments to provide us with feedback on the service which you have received today by checking the space for the response which most clearly represents your opinion and adding any written comments in the lines provided.

EXPECTATIONS

Did you have an appointment for your meeting today? Yes No

What was your **major** reason for coming to the Counseling Center today? (check one)

- Academic Advising/Educational Planning
- Career Counseling
- Personal/Social Counseling
- Other (please explain) _____

	Strongly Agree	Agree	Disagree	Strongly Disagree
I had a clear picture of what help I needed from the Counseling Center today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEPTION:

The receptionist treated me with courtesy.

The receptionist directed me to the appropriate person-service.

COUNSELING:

The counselor helped me to feel comfortable.

The counselor demonstrated concern for my needs.

The counselor helped me to determine appropriate actions.

I have confidence in the information provided by the counselor.

The counselor met my expectations.

I would recommend this counselor to a friend.

Counselor's name: _____

Could this counselor have done a better job? Yes No If yes, how? _____

Additional comments: _____

Your name (OPTIONAL – only if you want to be contacted confidentially on concerns listed above):

_____ Phone number: _____

**CONTENT ASSESSMENT REPORT
NONTENURED AND TEMPORARY FULL TIME COUNSELING FACULTY**

To be completed by a Counseling Faculty Member of the Tenure and Evaluation Team trained in the discipline of the Counseling Faculty Member or a closely related discipline.

Name of Counseling Faculty Member:
Assessor:

The Counseling Faculty Member to be assessed provides copies of the required documents specified below and any additional items agreed upon between the Counseling Faculty Member and the Tenure and Evaluation Team. The purpose is to ensure that professional standards of the discipline and the college are met. The Assessor is asked to express professional judgment on the enumerated matters as to course content rather than style of presentation.

- I. Required Documents and Assessor's Detailed Comments
- A. Ten copies of Student Education Plans.
 - B. Articulation education plans with university liaisons.
 - C. Outlines for workshops/seminars/classroom presentations.
 - D. Five Mini-Education Plans from Orientation sessions.
 - E. Description of special projects/tasks/committees.
 - F. Other Items (mutually agreed upon with Tenure and Evaluation Team).
- II. Assessor's Comprehensive Statement

I have reviewed the required documents and find the services provided by the Counselor to be (check one):

equal to (or) less than

professional counseling standards and professional standards of the College.

Assessor Signature:	Date:
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SSA - 12/7/95; format only revised 9/2/03; revised 11/11/03
Original: Supervising Administrator
Copy: Counseling Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
NONTENURED AND TEMPORARY FULL TIME COUNSELING FACULTY**

Name of Counseling Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Counseling Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks in Full Time Counseling Faculty Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your Counseling Faculty classification as listed in Appendix B of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Deliver Educational Planning Services
- B. Deliver Career Planning Services
- C. Deliver Short-term Personal Intervention Counseling Services
- D. Provide Student Assistance Services
- E. Participate in Professional Development
- F. Participate in Departmental/Institutional Routine

II. Analysis of Counseling Center Evaluation Forms for ten students

Written, intake/appointment student evaluation forms will be tabulated, with all student comments, and made available to the nontenured Counseling Faculty Member.

III. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the probationary cycle. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Counseling Faculty Member's Signature:	Date:
--	-------

Supervising Administrator's certification of receipt of the Nontenured or Temporary Full Time Counseling Faculty Member's Self-Assessment and proposed Professional Growth Plan.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Counseling Faculty Member

**ANNUAL SUMMARY EVALUATION CONFERENCE REPORT
NONTENURED AND TEMPORARY FULL TIME COUNSELING FACULTY**

To be completed by the Supervising Administrator with review, response and signature by the Counseling Faculty Member before going to the Vice President for Teaching, Learning and Student Development and the Human Resource Office.

Name of Counseling Faculty Member:	
Supervising Administrator:	Date of Conference:

I. The following assessment of the nontenured Counseling Faculty Member's performance is for the period of service between initial hiring or the previous evaluation conference. It must be prepared by the Supervising Administrator in writing before and shared with the evaluated Counseling Faculty Member during the Annual Summary Evaluation Conference.

A. Formal Observation of Counselor/Student Interactions:

Strengths:

Suggested Improvements:

B. Written Evaluation of Counseling Center Evaluation Forms

Strengths:

Suggested Improvements:

C. Annual Content Assessment:

Strengths:

Suggested Improvements:

D. Supervising Administrator's Comments on Counseling Faculty Member's Self Assessment:

E. Steps Required for Improvement:

F. Committee Recommendation: Non-renewal Renewal Extension Tenure

G. Dean's Recommendation: Non-renewal Renewal Extension Tenure

Supervising Administrator's Signature:	Date:
--	-------

II. Counseling Faculty Member's Response

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Counseling Faculty Member's Signature:	Date:
--	-------

TY/ssa - 12/14/95; 3/4/96; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
Copy: Supervising Administrator
Copy: Counseling Faculty Member

**EVALUATION CHECKLIST
NONTENURED AND TEMPORARY FULL TIME COUNSELING FACULTY**

Name of Counseling Faculty Member:	
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents for the Counseling Faculty Member to complete during the appropriate evaluation period include the following:

- Counseling Observation Form
- Annual Content Assessment Report
- Annual Counseling Faculty Self-Assessment Report
- Annual Summary Evaluation Conference Report with Recommendation:
 - Non-renewal
 - Renewal
 - Extension
 - Tenure

Signature of Supervising Administrator:	Date:
Signature of the V.P. for Teaching, Learning & Student Development:	Date:

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

COUNSELING FACULTY

Tenured Counseling Faculty Section, 130

Evaluation Criteria of Tenured Counseling Faculty, 131

Evaluation Calendar - Tenured Counseling Faculty – Scheduled for Triennial Evaluation, 132

Evaluation Calendar - Tenured Counseling Faculty – Not Scheduled for Triennial Evaluation, 133

Form: Counseling Observation – Tenured Counseling Faculty, 134

Form: Counseling Center Evaluation – Tenured Counseling Faculty, 136

Form: Annual Self-Assessment Report – Tenured Counseling Faculty, 137

Form: Triennial Summary Evaluation Conference Report – Tenured Counseling Faculty, 138

Form: Evaluation Checklist – Tenured Counseling Faculty – Scheduled for Triennial Evaluation, 139

Form: Evaluation Checklist – Tenured Counseling Faculty – Not Scheduled for Triennial
Evaluation, 140

**EVALUATION CRITERIA
TENURED COUNSELING FACULTY**

Criteria

Performance of Job Tasks/Elements

<u>Process</u>	<u>Outcome Measures</u>
<p>At least two direct observation of formal Counselor/student interactions triennially at a mutually agreed to time.</p> <ul style="list-style-type: none"> • See Counseling Observation Form 	<p>Satisfactory progress on the interview and advising sessions form as determined by the Dean/Dean's Designee once every three years.</p>
<p>Annual written evaluation of a sample of ten students served, taken from intake/appointment data collected from Counseling Center.</p> <ul style="list-style-type: none"> • See Counseling Center Evaluation Form 	<p>Satisfactory completion of the analysis of the Counseling Center Evaluation Forms component of the Annual Self-Assessment Report.</p>
<p>Review of Self-Assessment and Counselor's accomplishments of work-related goals.</p> <ul style="list-style-type: none"> • See Annual Self-Assessment Report 	<p>Satisfactory completion of the job tasks/elements component of the Annual Self-Assessment.</p>
<p>One comprehensive evaluation conference every three years.</p> <ul style="list-style-type: none"> • See Annual Summary Evaluation Conference Report 	<p>Dean/Dean's Designee assessment of satisfactory performance as recorded in the Report of Triennial Summary Evaluation Conference.</p>

**EVALUATION CALENDAR
TENURED COUNSELING FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

End of Semester	Counseling Center Evaluation Forms returned
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Spring Semester

April 15	Annual Self-Assessment Report completed Counseling Observation and Post-Conference completed
May 10	Triennial Summary Evaluation Conference completed
End of Semester	Counseling Center Evaluation Forms returned

**EVALUATION CALENDAR
TENURED COUNSELING FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

End of Semester	Counseling Center Evaluation Forms returned
------------------------	---

Spring Semester

End of Semester	Counseling Center Evaluation Forms returned
June 30	Annual Self-Assessment Report completed

Elgin Community College
COUNSELING OBSERVATION FORM

Counseling Faculty Member:	Date of Visit:
Evaluator:	Evaluator's Position:

GENERAL SESSION INFORMATION

Session observed <input type="checkbox"/> Intake <input type="checkbox"/> Appointment
Reason student was seen by the counselor. <input type="checkbox"/> Academic Advising/Educational Planning <input type="checkbox"/> Career Counseling <input type="checkbox"/> Personal Social <input type="checkbox"/> Other

On a scale of 5–1, with 5 being outstanding and 1 being unacceptable, please rank the counseling session based on your observations.

A. SESSION VISITATION

	5	4	3	2	1	Not Applicable
1. Counselor helped the student feel comfortable in the counseling setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Counselor demonstrated concern and understanding for the students needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Counselor asked appropriate questions in order to understand and help the student reach and achieve their goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Counselor helped student to determine appropriate actions to reach their goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Counselor showed sensitivity to multicultural differences and diversity, gender differences, age, and sexual orientation issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Counselor provided information in the appropriate time table for intake or appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Counselor projected professional rapport with students and showed professional objectivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Students was referred to appropriate resources at the college and in the community when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. General information given to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Academic information given to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Career information provided to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Counselor worked in the best interest of the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Counselor followed office procedures completing forms and referrals in an appropriate way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counselor effectively summarized the session and plans for follow up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Strength and Expertise

List areas of strength and expertise observed in this counseling session: Examples include establishing rapport, knowledge of material, welcoming to student...

1.
2.
3.
4.
5.

C. Suggested Recommendations for use in future counseling sessions.

1.
2.
3.
4.

What could have been done to make the session more productive.

Evaluator Signature:

Date:

Counselor Faculty Reaction to Evaluation:

Counselor Faculty Signature

Date

Original: Personnel File

Copy: Faculty Member

Copy: Supervising Administrator

COUNSELING CENTER EVALUATION FORM

The Counseling Center strives to provide the students of Elgin Community College with quality academic advising, career counseling, and social/personal counseling. Please take a few moments to provide us with feedback on the service which you have received today by checking the space for the response which most clearly represents your opinion and adding any written comments in the lines provided.

EXPECTATIONS

Did you have an appointment for your meeting today? Yes No

What was your **major** reason for coming to the Counseling Center today? (check one)

- Academic Advising/Educational Planning
- Career Counseling
- Personal/Social Counseling
- Other (please explain) _____

	Strongly Agree	Agree	Disagree	Strongly Disagree
I had a clear picture of what help I needed from the Counseling Center today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEPTION:

The receptionist treated me with courtesy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The receptionist directed me to the appropriate person-service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COUNSELING:

The counselor helped me to feel comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The counselor demonstrated concern for my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The counselor helped me to determine appropriate actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have confidence in the information provided by the counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The counselor met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this counselor to a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Counselor's name: _____

Could this counselor have done a better job? Yes No If yes, how? _____

Additional comments: _____

Your name (OPTIONAL – only if you want to be contacted confidentially on concerns listed above):

_____ Phone number: _____

**ANNUAL SELF-ASSESSMENT REPORT
TENURED COUNSELING FACULTY**

Name of Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Faculty Member and submitted to the Supervising Administrator by the date required in the evaluation calendar for the academic year.

I. Job Tasks/Elements in Full time Counseling Faculty Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Deliver Educational Planning Services
- B. Deliver Career Planning Services
- C. Deliver Short-term Personal Intervention Counseling Services
- D. Provide Student Assistance Services
- E. Participate in Professional Development
- F. Participate in Departmental/Institutional Routine

II. Analysis of Counseling Center Evaluation Forms for ten students

Written, intake/appointment student evaluation forms will be tabulated, copied with all student comments, and made available to the Counseling Faculty Member.

III. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development for the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Counseling Faculty Member's Signature:	Date:
--	-------

Supervising Administrator's certification of receipt of the Counseling Faculty Member's Self-Assessment.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Counseling Faculty Member

**TRIENNIAL SUMMARY EVALUATION CONFERENCE REPORT
TENURED COUNSELING FACULTY**

Name of Counseling Faculty Member:	
Supervising Administrator:	Date Submitted:

- I. The following assessment of the tenured Counseling Faculty Member's performance is for the period of service since the previous evaluation conference. It must be prepared by the Supervising Administrator in writing before and shared with the evaluated Faculty Member during the Triennial Summary Evaluation Conference.
 - A. Observation of Formal Counselor/Student Interactions and Associated Conferences
 - Strengths:
 - Area(s) Needing Development:
 - B. Supervising Administrator's Comments on Counseling Faculty Member's Self-Assessment:
 - C. Steps Necessary to Improve Work Performance:
- II. Counseling Faculty Member's Response:

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Faculty Member's Signature:	Date:
Supervising Administrator's Signature:	Date:

TY/ssa - 8/22/88, 12/14/95; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
 Copy: Counseling Faculty Member
 Copy: Supervising Administrator

**EVALUATION CHECKLIST
TENURED COUNSELING FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Counseling Faculty Member:	
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

- Counseling Observation Form
- Annual Self-Assessment Form
- Triennial Summary Evaluation Conference Report

Signature of the Supervising Administrator:	Date:
---	-------

Signature of the V.P. for Teaching, Learning & Student Development:	Date:
---	-------

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

**EVALUATION CHECKLIST
TENURED COUNSELING FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Counseling Faculty Member:	
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation include the following:

- Annual Self-Assessment

Signature of the Supervising Administrator:	Date:
---	-------

Signature of the V.P. for Teaching, Learning & Student Development:	Date:
---	-------

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

COUNSELING FACULTY

Unit Adjunct Counseling Faculty Section, 141

Evaluation Criteria of Unit Adjunct Counseling Faculty, 142

Evaluation Calendar – Unit Adjunct Counseling Faculty – Scheduled for Triennial Evaluation, 143

Evaluation Calendar – Unit Adjunct Counseling Faculty – Not Scheduled for Triennial Evaluation, 144

Form: Counseling Observation – Unit Adjunct Counseling Faculty, 145

Form: Counseling Center Evaluation – Unit Adjunct Counseling Faculty, 147

Form: Annual Self-Assessment Report – Unit Adjunct Counseling Faculty, 148

Form: Triennial Summary Evaluation Conference Report – Unit Adjunct Counseling Faculty, 149

Form: Evaluation Checklist – Unit Adjunct Counseling Faculty – Scheduled for Triennial
Evaluation, 150

Form: Evaluation Checklist – Unit Adjunct Counseling Faculty – Not Scheduled for Triennial
Evaluation, 151

EVALUATION CRITERIA OF UNIT ADJUNCT COUNSELING FACULTY

Criteria

Performance of Job Tasks/Elements

<u>Process</u>	<u>Outcome Measures</u>
<p>At least two direct observation of formal counselor/student interactions triennially at a mutually agreed to time.</p> <ul style="list-style-type: none"> • See Counseling Observation Form 	<p>Satisfactory progress on the interview and advising sessions form as determined by the Dean/Dean's Designee once every three years.</p>
<p>Annual written evaluation of a sample of ten students served, taken from intake/appointment data collected from the Counseling Center.</p> <ul style="list-style-type: none"> • See Counseling Center Evaluation Form 	<p>Satisfactory completion of the analysis of Counseling Center Evaluation Forms component of the annual Self-Assessment.</p>
<p>Review of Annual Self-Assessment and Counselor's accomplishments of work-related goals.</p> <ul style="list-style-type: none"> • See Annual Self-Assessment Report 	<p>Satisfactory completion of the job tasks/elements component of the Annual Self-Assessment.</p>
<p>One comprehensive evaluation conference every three years.</p> <ul style="list-style-type: none"> • See Triennial Summary Evaluation Conference Report 	<p>Dean/Dean's Designee assessment of satisfactory performance as recorded in the Report of Triennial Summary Evaluation Conference.</p>

**EVALUATION CALENDAR
UNIT ADJUNCT COUNSELING FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

End of Semester	Counseling Center Evaluation Form for ten Students returned
------------------------	---

Spring Semester

April 15	Annual Self-Assessment Report completed Counseling Evaluation and Post-Conference completed
May 10	Annual Summary Evaluation Conference completed
End of Semester	Counseling Center Evaluation Form for ten Students returned

**EVALUATION CALENDAR
UNIT ADJUNCT COUNSELING FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

End of Semester	Counseling Center Evaluation Form for ten Students returned
------------------------	---

Spring Semester

End of Semester	Counseling Center Evaluation Form for ten Students returned
June 30	Annual Self-Assessment Report completed

Elgin Community College COUNSELING OBSERVATION FORM

Counseling Faculty Member:	Date of Visit:
Evaluator:	Evaluator's Position:

GENERAL SESSION INFORMATION

Session observed <input type="checkbox"/> Intake <input type="checkbox"/> Appointment
Reason student was seen by the counselor. <input type="checkbox"/> Academic Advising/Educational Planning <input type="checkbox"/> Career Counseling <input type="checkbox"/> Personal Social <input type="checkbox"/> Other

On a scale of 5–1, with 5 being outstanding and 1 being unacceptable, please rank the counseling session based on your observations.

A. SESSION VISITATION

	5	4	3	2	1	Not Applicable
1. Counselor helped the student feel comfortable in the counseling setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Counselor demonstrated concern and understanding for the students needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Counselor asked appropriate questions in order to understand and help the student reach and achieve their goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Counselor helped student to determine appropriate actions to reach their goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Counselor showed sensitivity to multicultural differences and diversity, gender differences, age, and sexual orientation issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Counselor provided information in the appropriate time table for intake or appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Counselor projected professional rapport with students and showed professional objectivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Students was referred to appropriate resources at the college and in the community when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. General information given to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Academic information given to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Career information provided to the student was accurate and understandable to the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Counselor worked in the best interest of the student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Counselor followed office procedures completing forms and referrals in an appropriate way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counselor effectively summarized the session and plans for follow up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Strength and Expertise

List areas of strength and expertise observed in this counseling session: Examples include establishing rapport, knowledge of material, welcoming to student.

1.
2.
3.
4.
5.

C. Suggested Recommendations for use in future counseling sessions.

1.
2.
3.
4.

What could have been done to make the session more productive.

Evaluator Signature:

Date:

Counselor Faculty Reaction to Evaluation:

Counselor Faculty Signature

Date

Original: Personnel File

Copy: Faculty Member

Copy: Supervising Administrator

COUNSELING CENTER EVALUATION FORM

The Counseling Center strives to provide the students of Elgin Community College with quality academic advising, career counseling, and social/personal counseling. Please take a few moments to provide us with feedback on the service which you have received today by checking the space for the response which most clearly represents your opinion and adding any written comments in the lines provided.

EXPECTATIONS

Did you have an appointment for your meeting today? Yes No

What was your **major** reason for coming to the Counseling Center today? (check one)

- Academic Advising/Educational Planning
- Career Counseling
- Personal/Social Counseling
- Other (please explain) _____

	Strongly Agree	Agree	Disagree	Strongly Disagree
I had a clear picture of what help I needed from the Counseling Center today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEPTION:

The receptionist treated me with courtesy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The receptionist directed me to the appropriate person-service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COUNSELING:

The counselor helped me to feel comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The counselor demonstrated concern for my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The counselor helped me to determine appropriate actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have confidence in the information provided by the counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The counselor met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this counselor to a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Counselor's name: _____

Could this counselor have done a better job? Yes No If yes, how? _____

Additional comments: _____

Your name (OPTIONAL – only if you want to be contacted confidentially on concerns listed above):

_____ Phone number: _____

**ANNUAL SELF-ASSESSMENT REPORT
UNIT ADJUNCT COUNSELING FACULTY**

Name of Counseling Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Unit Adjunct Counseling Faculty Member and submitted to the Supervising Administrator by the date required in the evaluation calendar for the academic year.

I. Job Tasks/Elements in Unit Adjunct Counseling Faculty Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Deliver Educational Planning Services
- B. Deliver Career Planning Services
- C. Deliver Short-term Personal Intervention Counseling Services
- D. Provide Student Assistance Services
- E. Participate in Professional Development
- F. Participate in Departmental/Institutional Routine

II. Analysis of Counseling Center Evaluation Forms for ten Students

Written, intake/appointment student evaluation forms will be tabulated, copied with all student comments, and made available to the Counseling Faculty Member.

III. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
-----------------------------	-------

Supervising Administrator's certification of receipt of the Counseling Faculty Member's Self-Assessment.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Counseling Faculty Member

**TRIENNIAL SUMMARY EVALUATION CONFERENCE REPORT
UNIT ADJUNCT COUNSELING FACULTY**

Name of Counseling Faculty Member:	
Supervising Administrator:	Date Submitted:

I. The following assessment of the Unit Adjunct Counseling Faculty Member's performance is for the period of service since the previous evaluation conference. It must be prepared by the Supervising Administrator in writing before and shared with the evaluated Faculty Member during the Triennial Summary Evaluation Conference.

A. Observation of Formal Counselor/Student Interactions and Associated Conferences:

Strengths:

Area(s) Needing Development:

B. Supervising Administrator's Comments on Unit Adjunct Counseling Faculty Member's Self-Assessment:

C. Steps Necessary to Improve Work Performance:

II. Faculty Member's Response:

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Faculty Member's Signature:	Date:
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Supervising Administrator's Signature:	Date:
--	-------

TY/ssa - 8/22/88, 12/14/95; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
Copy: Counseling Faculty Member
Copy: Supervising Administrator

**EVALUATION CHECKLIST
UNIT ADJUNCT COUNSELING FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Counseling Faculty Member:	
Signature of Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

- Counseling Evaluation Form
- Annual Self-Assessment Report Form
- Triennial Summary Evaluation Conference Report

Signature of the Supervising Administrator:	Date:
---	-------

Signature of the V.P. for Teaching, Learning & Student Development:	Date:
---	-------

Date Received in Human Resources:

**EVALUATION CHECKLIST
UNIT ADJUNCT COUNSELING FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Counseling Faculty Member:	
Signature of Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

- Annual Self-Assessment

Signature of the Supervising Administrator:	Date:
---	-------

Signature of the V.P. for Teaching, Learning & Student Development:	Date:
---	-------

Date Received in Human Resources:

Original: Personnel File
Copy: Counseling Faculty Member
Copy: Supervising Administrator

LIBRARY FACULTY

Nontenured Librarian Faculty Section, 152

Evaluation Criteria of Nontenured and Temporary Full Time Librarian Faculty, 153

Tenure and Evaluation Committee – Nontenured and Temporary Full Time Librarian Faculty, 154

Fall Hire Evaluation Calendar – Nontenured and Temporary Full Time Librarian Faculty, 155

Spring Hire Evaluation Calendar – Nontenured and Temporary Full Time Librarian Faculty, 156

Form: Content Assessment Report – Nontenured and Temporary Full Time Librarian Faculty, 157

Form: Annual Self-Assessment Report – Nontenured and Temporary Full Time Technical Services Librarian Faculty, 158

Form: Annual Self-Assessment Report – Nontenured and Temporary Full Time Public Services Librarian Faculty, 159

Form: Annual Self-Assessment Report – Nontenured and Temporary Full Time Archives/Interlibrary Loan Librarian, Faculty, 160

Form: Annual Self-Assessment Report – Nontenured and Temporary Full Time Distance Learning Librarian Faculty, 161

Form: Annual Summary Evaluation Conference Report – Nontenured and Temporary Full Time Librarian Faculty, 162

Form: Evaluation Checklist – Nontenured and Temporary Full Time Librarian Faculty, 163

**EVALUATION CRITERIA
NONTENURED AND TEMPORARY FULL TIME LIBRARIAN FACULTY**

Criteria

Performance of Job Tasks/Elements and Work Related Activities

<u>Process</u>	<u>Outcome Measures</u>
<p>At least one Content Assessment of a portfolio per year by assigned Faculty Committee Member.</p> <ul style="list-style-type: none"> • See Annual Content Assessment Report Form 	<p>Satisfactory performance to fulfill professional duties as determined by Content Assessor.</p>
<p>Assessment of professional performance to be carried out by the Librarian Faculty Member.</p> <ul style="list-style-type: none"> • See Annual Self-Assessment Report Form <p>Supervisory review of Librarian’s effectiveness in performing related responsibilities defined in the job description and work-related goals.</p> <ul style="list-style-type: none"> • See Annual Summary Evaluation Conference Report Form 	<p>Committee recommendation and appropriate Dean/Dean’s Designee assessment of satisfactory progress toward the Committee’s expectations for tenure recommendation as recorded in the Annual Summary Evaluation Conference Report.</p>

**TENURE AND EVALUATION COMMITTEE
NONTENURED AND TEMPORARY FULL TIME LIBRARIAN FACULTY**

The Committee reviews Nontenured Faculty evaluative materials and makes recommendations to Vice President for Teaching, Learning and Student Development.

Team Makeup - Faculty and Administration

- Supervising Administrator, Chair
- Three Librarian Faculty/Teaching Faculty

1. Library Committees will be completed with tenured librarians and faculty from appropriate disciplines or departments served. Committee service is a contractual obligation of faculty selected. The Elgin Community College Faculty Association expects all faculty accepting the responsibility of serving on a tenure committee to attend a tenure process workshop. Faculty serving on more than one tenure committee are expected to attend no more than one tenure workshop meeting per academic year. Should a Faculty Member serving on a tenure committee or a non-tenured Faculty Member miss a deadline related to the tenure process, the Senate President and the College President will be immediately notified, and a meeting will be scheduled with the Faculty Member to remedy the situation.
2. No Faculty Member will be required to serve on more than one Tenure and Evaluation Committee at a time.
3. The eligibility list will be prepared as soon as possible after the board approves hiring of a full time Librarian Faculty Member.
 - From faculty names provided by the Librarians from tracking data, the Administration and the Association then will determine the list from which the committee members will be drawn
 - The list will include a minimum of four faculty in addition to the Librarian Faculty Member automatically assigned.
 - The eligibility list will include as many Librarian Faculty as are qualified from among all Librarian Faculty.
4. The manner of selection from the eligibility list will be in the following order:
 - One (1) chosen by Faculty Association from non-tenured Librarian Faculty recommendation
 - One (1) chosen by Administration
5. Faculty will be determined from an eligibility list no later than the end of the third week of classes for both fall hires and spring hires.
6. Committee members will each serve once as Content Assessor on a rotating basis during the probationary period.
7. A summative recommendation will be made as follows:
 - Recommendation of Committee to Dean.
 - Committee and Dean's recommendations to Vice President.
 - Vice President's recommendation to President.
 - President's recommendation to Board in cases of non-renewal, renewal, extension of probation for one year, or tenure.

**FALL HIRE
EVALUATION CALENDAR
NONTENURED AND TEMPORARY FULL TIME LIBRARIAN FACULTY**

End of 3rd Week of Classes	Committee chosen/ Content Assessor chosen
Between End of 3rd Week of Classes and October 31	<ul style="list-style-type: none"> ➤ Pre-conference between Dean/Designee and Nontenured Librarian Faculty ➤ Committee meets and agrees on feedback
October 31	Post-conference between Dean/Designee and Nontenured Librarian Faculty
December 1	Content Assessment Portfolio submitted by Nontenured Librarian Faculty
End of Semester	

Spring Semester

Opening Day	Content Assessor's Report on file
End of 1st Week of Classes	Nontenured Faculty Self-Assessment Report due
Beginning 2nd Week of Classes	All available evaluative materials will be accessible for review by the Committee in the Dean's/Designee's office.
End of 2nd Week of Classes	Committee Recommendations to Vice President for Teaching, Learning and Student Development
End of 3rd Week of Classes	Annual Summary Conference – Dean/Designee and Nontenured Faculty (Within 48 hours after the Annual Summary Evaluation Conference, the Annual Summary Evaluation Conference Report will be available for review by the Committee in the Dean's/Designee's office.)
March 1	Notification of Non-renewal (A special Board meeting may need to be called to accommodate this deadline.) <ul style="list-style-type: none"> ➤ Pre-conference between Committee Member and Nontenured Faculty ➤ Committee meets and agrees on feedback
April 10	Post-conference between Committee Member and Nontenured Faculty

**SPRING HIRE
EVALUATION CALENDAR
NONTENURED AND TEMPORARY FULL TIME LIBRARIAN FACULTY**

End of 3rd Week of Classes	Committee chosen/ Content Assessor chosen
Between 3rd Week of Classes and April 10	<ul style="list-style-type: none"> ➤ Pre-conference between Dean/Designee and Nontenured Librarian Faculty ➤ Committee meets and agrees on feedback
April 10	Post-conference between Dean/Designee and Nontenured Librarian Faculty
May 1	Content Assessment Portfolio Submitted by Nontenured Librarian Faculty
End of Semester	

Fall Semester

Opening Day	Content Assessor's Report on file
End of 1st Week of Classes	Nontenured Faculty Self-Assessment due
Beginning 2nd Week of Classes	All available evaluative materials will be accessible for review by the Committee in the Dean's/Designee's office.
End of 2nd Week of Classes	Committee recommendations to Vice President for Teaching, Learning and Student Development
End of 3rd Week of Classes	Annual Summary Conference – Dean/Designee and Nontenured Faculty (Within 48 hours after the Annual Summary Evaluation Conference, the Annual Summary Evaluation Conference Report will be available for review by the Committee in the Dean's/Designee's office.)
October 1	Notification of Non-renewal (A special Board meeting may need to be called to accommodate this deadline.) <ul style="list-style-type: none"> ➤ Pre-conference between Committee Member and Nontenured Faculty ➤ Committee meets and agrees on feedback
October 31	Post-conference between Committee Member and Nontenured Faculty

**ANNUAL CONTENT ASSESSMENT REPORT
NONTENURED AND TEMPORARY FULL TIME LIBRARIAN FACULTY**

To be completed by a faculty member of the Tenure and Evaluation Team trained in the discipline of the Faculty Member or a closely related discipline.

Name of Librarian Faculty Member:	Position(s):
Assessor:	Assessor's Assigned Discipline:

The Librarian Faculty Member to be assessed provides evidence of accomplishments in the areas specified below and any additional items agreed upon between the Librarian Faculty Member and the Tenure and Evaluation Team. The Assessor is asked to express professional judgment on the enumerated matters as to content rather than style of presentation.

I. Provide evidence related to the general and position-specific responsibilities below and Assessor's detailed comments:

A. General/Shared Responsibilities

1. Participation in Library Administration
2. Participation in Professional Development
3. Participation in Institutional Routines

B. Position-Specific Responsibilities

<p>Technical Services Librarian</p> <ol style="list-style-type: none"> 1. Management of Automated Library Computer System 2. Management of Library Acquisitions 3. Management of Library Collection 4. Coordination of the Work of the Technical Services Staff 5. Coordination of Library Publicity 	<p>Archives/Interlibrary Loan Librarian</p> <ol style="list-style-type: none"> 1. Management of and Provision of Access to the College Archives 2. Promotion of the College Archives 3. Management of the Interlibrary Loan 4. Provision of Reference Services 5. Provision of Information Literacy Instruction
<p>Public Services Librarian</p> <ol style="list-style-type: none"> 1. Coordination and Provision of Reference Services 2. Provision of Information Literacy Instruction 3. Coordination of the Periodicals Collection 4. Coordination of Library Publicity 	<p>Distance Learning Librarian</p> <ol style="list-style-type: none"> 1. Development of Online Library Resources and Services 2. Provision of Information Literacy Instruction 3. Provision of Reference Services

II. Assessor's Comprehensive Statement

I have reviewed the required documents and find the content delivered by the instructor on assigned courses to be (check one):

equal to (or) less than professional standards of the discipline and the college.

Assessor Signature:	Date:
----------------------------	--------------

SSA - 12/7/95; format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator

Copy: Librarian Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
NONTENURED AND TEMPORARY FULL TIME
TECHNICAL SERVICES LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Librarian Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full time Technical Services Librarian Faculty Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Manage Automated Library Computer System
- B. Manage Library Acquisitions
- C. Supervise and Assist Technical Services Staff
- D. Manage Library Collection
- E. Coordinate Library Publicity
- F. Participate in Library Administration
- G. Participate in Professional Development
- H. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the probationary cycle. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
-----------------------------	-------

Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment and proposed Professional Growth Plan.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Librarian Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
NONTENURED AND TEMPORARY FULL TIME
PUBLIC SERVICES LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Librarian Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full time Public Services Librarian Faculty Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Coordinate and Provide Reference Service to Library Patrons
- B. Provide Library Instruction to Classes
- C. Supervise and Assist Circulation Staff
- D. Manage Periodicals Collection
- E. Coordinate Library Publicity
- F. Participate in Library Administration
- G. Participate in Professional Development
- H. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the probationary cycle. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
-----------------------------	-------

Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment and proposed Professional Growth Plan.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03
Original: Supervising Administrator
Copy: Librarian Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
 NONTENURED AND TEMPORARY FULL TIME
 ARCHIVES/INTERLIBRARY LOAN LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Librarian Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full Time Archives/Interlibrary Loan Librarian Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Manage the College Archives
- B. Provide Access to the College Archives
- C. Promote the College Archives
- D. Manage Interlibrary Loan Services
- E. Provide Reference Service to Library Users
- F. Provide Bibliographic Instruction to Classes
- G. Participate in Library Administration
- H. Participate in Professional Development
- I. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the probationary cycle. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
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Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment and proposed Professional Growth Plan.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator

Copy: Librarian Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
NONTENURED AND TEMPORARY FULL TIME
DISTANCE LEARNING LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Librarian Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full Time Distance Learning Librarian Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Develop Online Library Resources and Services
- B. Provide Information Literacy Instruction
- C. Provide Reference Service to Library Users
- D. Participate in Library Administration
- G. Participate in Professional Development
- H. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the probationary cycle. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
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Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment and proposed Professional Growth Plan.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Librarian Faculty Member

**ANNUAL SUMMARY EVALUATION CONFERENCE REPORT
NONTENURED AND TEMPORARY FULL TIME LIBRARIAN FACULTY**

To be completed by the Supervising Administrator with review, response and signature by the Faculty Member before going to the Vice President for Teaching, Learning and Student Development and the Human Resource Office.

Name of Librarian Faculty Member:	Assigned Position(s):
Supervising Administrator:	Date of Conference:

I. The following assessment of the nontenured Faculty Member's performance is for the period of service between initial hiring or the previous Evaluation Conference. It must be prepared by the Supervising Administrator in writing before and shared with the evaluated Faculty Member during the Annual Summary Evaluation Conference.

A. Annual Content Assessment:

Strengths:

Suggested Improvements:

B. Supervising Administrator's Comments on Faculty Member's Self Assessment:

C. Steps Required for Improvement:

D. Committee Recommendation: Non-renewal Renewal Extension Tenure

E. Dean's Recommendation: Non-renewal Renewal Extension Tenure

Supervising Administrator's Signature:	Date:
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II. Librarian Faculty Member's Response

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Librarian Faculty Member's Signature:	Date:
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TY/ssa - 12/14/95; 3/4/96; Format only revised 9/2/03; revised 11/11/03

Original: Personnel File
Copy: Supervising Administrator
Copy: Librarian Faculty Member

**EVALUATION CHECKLIST
NONTENURED AND TEMPORARY FULL TIME LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	Assigned Position:
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President. Required documents to be completed during the appropriate evaluation period include the following:

NONTENURED AND TEMPORARY FULL TIME LIBRARIAN FACULTY

- Annual Content Assessment Report
- Annual Faculty Self-Assessment Report
- Annual Summary Evaluation Conference Report with Recommendation:
 - Non-renewal
 - Renewal
 - Extension
 - Tenure

Signature of Supervising Administrator:	Date:
Signature of the V.P. for Teaching, Learning and Student Development	Date:

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

LIBRARIAN FACULTY

Tenured Librarian Faculty Section, 164

Evaluation Criteria of Tenured Librarian Faculty, 165

Evaluation Calendar – Tenured Librarian Faculty – Scheduled for Triennial Evaluation, 166

Evaluation Calendar – Tenured Librarian Faculty – Not Scheduled for Triennial Evaluation, 167

Form: Annual Self-Assessment Report – Tenured Full Time Technical Services Librarian
Faculty, 168

Form: Annual Self-Assessment Report – Tenured Full Time Public Services Librarian
Faculty, 169

Form: Annual Self-Assessment Report – Tenured Full Time Archives/Interlibrary Loan Librarian
Faculty, 170

Form: Annual Self-Assessment Report – Tenured Full Time Distance Learning Librarian
Faculty, 171

Form: Triennial Summary Evaluation Conference Report – Tenured Full Time Librarian
Faculty, 172

Form: Evaluation Checklist – Tenured Librarian Faculty – Scheduled for Triennial Evaluation, 173

Form: Evaluation Checklist – Tenured Librarian Faculty – Not Scheduled for
Triennial Evaluation, 174

**EVALUATION CRITERIA
TENURED LIBRARIAN FACULTY**

Criteria

Performance of Job Tasks/Elements and Work Related Activities

<u>Process</u>	<u>Outcome Measures</u>
<p>Assessment of professional performance to be carried out by the Librarian Faculty Member.</p> <ul style="list-style-type: none"> • See Annual Self-Assessment Report Form <p>Supervisory review of Librarian’s effectiveness in performing related responsibilities defined in the job description and work-related goals.</p> <ul style="list-style-type: none"> • See Triennial Summary Evaluation Conference Report 	<p>Appropriate Dean/Dean’s Designee assessment of satisfactory progress toward the Committee’s expectations for tenure recommendation as recorded in the Triennial Summary Evaluation Conference Report.</p>

**EVALUATION CALENDAR
TENURED LIBRARIAN FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

	No Deadlines
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Spring Semester

April 15	Annual Self-Assessment Report Completed
May 10	Triennial Summary Evaluation Conference Completed

**EVALUATION CALENDAR
TENURED LIBRARIAN FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

	No Deadlines
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Spring Semester

June 30	Annual Self-Assessment Report Completed
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**ANNUAL SELF-ASSESSMENT REPORT
TENURED TECHNICAL SERVICES LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Librarian Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full time Technical Services Librarian Faculty Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Manage Automated Library Computer System
- B. Manage Library Acquisitions
- C. Supervise and Assist Technical Services Staff
- D. Manage Library Collection
- E. Coordinate Library Publicity
- F. Participate in Library Administration
- G. Participate in Professional Development
- H. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
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Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03
 Original: Supervising Administrator
 Copy: Librarian Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
TENURED PUBLIC SERVICES LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Librarian Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full time Public Services Librarian Faculty Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Coordinate and Provide Reference Service to Library Patrons
- B. Provide Library Instruction to Classes
- C. Supervise and Assist Circulation Staff
- D. Manage Periodicals Collection
- E. Coordinate Library Publicity
- F. Participate in Library Administration
- G. Participate in Professional Development
- H. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
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Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03
 Original: Supervising Administrator
 Copy: Librarian Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
TENURED ARCHIVES/INTERLIBRARY LOAN LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Librarian Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full Time Archives/Interlibrary Loan Librarian Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Manage the College Archives
- B. Provide Access to the College Archives
- C. Promote the College Archives
- D. Manage Interlibrary Loan Services
- E. Provide Reference Service to Library Users
- F. Provide Bibliographic Instruction to Classes
- G. Participate in Library Administration
- H. Participate in Professional Development
- I. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
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Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Librarian Faculty Member

**ANNUAL SELF-ASSESSMENT REPORT
TENURED DISTANCE LEARNING LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

To be completed by the Librarian Faculty Member and submitted to the Supervising Administrator by the date required in the Evaluation Calendar for the academic year.

I. Job Tasks/Elements in Full Time Distance Learning Librarian Job Description

Please summarize your actions and evaluate your performance during the last year in fulfilling the job description for your faculty classification as listed in Appendix B: Job Descriptions of the Board/ECCFA Agreement. Please address all Job Elements for each Job Task providing specific examples where appropriate.

- A. Develop Online Library Resources and Services
- B. Provide Information Literacy Instruction
- C. Provide Reference Service to Library Users
- D. Participate in Library Administration
- E. Participate in Professional Development
- F. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Faculty Member's Signature:	Date:
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Supervising Administrator's certification of receipt of the Faculty Member's Self-Assessment.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03

Original: Supervising Administrator
Copy: Librarian Faculty Member

**TRIENNIAL SUMMARY EVALUATION CONFERENCE REPORT
TENURED LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	Assigned Position(s):
Supervising Administrator:	Date Submitted:

The following assessment of the tenured faculty member's performance for the period of service since the previous evaluation conference must be prepared by the Supervising Administrator in writing before and shared with the evaluated faculty member during the Triennial Summary Evaluation Conference.

- A. Supervising Administrator's Comments on Faculty Member's Self-Assessment:
- B. Steps Necessary to Improve Work Performance:

Librarian Faculty Member's Response:

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Librarian Faculty Member's Signature:	Date:
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Supervising Administrator's Signature:	Date:
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TY/ssa - 8/22/88, 12/14/95; Format only revised 9/2/03; revised 11/11/03
 Original: Personnel File
 Copy: Librarian Faculty Member
 Copy: Supervising Administrator

**EVALUATION CHECKLIST
TENURED LIBRARIAN FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Librarian Faculty Member:	Assigned Position:
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President.

- Annual Self-Assessment Report
- Triennial Summary Evaluation Conference Report:

Signature of the Supervising Administrator:	Date:
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Signature of the V.P. for Teaching, Learning and Student Development:	Date:
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Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

**EVALUATION CHECKLIST
TENURED LIBRARIAN FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Librarian Faculty Member:	Assigned Position:
Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President.

Annual Self-Assessment Report

Signature of the Supervising Administrator:	Date:
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Signature of the V.P. for Teaching, Learning and Student Development:	Date:
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Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

LIBRARIAN FACULTY

Unit Adjunct Librarian Faculty Section, 175

Evaluation Criteria of Unit Adjunct Library Faculty, 176

Evaluation Calendar – Unit Adjunct Faculty Scheduled for Triennial Evaluation, 177

Evaluation Calendar – Unit Adjunct Faculty Not Scheduled for Triennial Evaluation, 178

Form: Annual Self-Assessment Report – Unit Adjunct Library Faculty, 179

Form: Triennial Summary Evaluation Conference Report – Unit Adjunct Librarian Faculty, 180

Form: Evaluation Checklist – Unit Adjunct Faculty – Scheduled for Triennial Evaluation, 181

Form: Evaluation Checklist – Unit Adjunct Faculty – Not Scheduled for Triennial Evaluation, 182

EVALUATION CRITERIA OF UNIT ADJUNCT LIBRARIAN FACULTY

Criteria

Performance of Job Tasks/Elements and Work Related Activities

<u>Process</u>	<u>Outcome Measures</u>
<p>Assessment of professional performance to be carried out by the Librarian Faculty Member.</p> <ul style="list-style-type: none"> • See Annual Self-Assessment Report Form <p>Supervisory review of Librarian’s effectiveness in performing related responsibilities defined in the job description and work-related goals.</p> <ul style="list-style-type: none"> • See Triennial Summary Evaluation Conference Form 	<p>Committee recommendation and appropriate Dean/Dean’s Designee assessment of satisfactory progress toward the Committee’s expectations for tenure recommendation as recorded in the Triennial Summary Evaluation Conference Report.</p>

**EVALUATION CALENDAR – UNIT ADJUNCT LIBRARIAN FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

	No Deadlines
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Spring Semester

April 15	Annual Self-Assessment Report Completed
May 10	Triennial Summary Evaluation Conference Report Completed

**EVALUATION CALENDAR
UNIT ADJUNCT LIBRARIAN FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Fall Semester

	No Deadlines
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Spring Semester

June 30	Annual Self-Assessment Report Completed
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**ANNUAL SELF-ASSESSMENT REPORT
UNIT ADJUNCT LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

I. Analysis of Job Tasks/Elements

Each Librarian brings different skills to the job and serves students, staff and community borrowers in slightly different ways. From the following list of job tasks, please select those which are most often a part of your assignment and summarize your performance.

- A. Provide Reference Service to Library Patrons
- B. Provide Bibliographic Instruction to Classes
- C. Assist Circulation Staff
- D. Develop Library Publicity
- E. Assist with Collection Maintenance
- F. Participate in Library Administration
- G. Participate in Professional Development
- H. Participate in Institutional Routines

II. Professional Growth Plan

Establish a Professional Growth Plan or revise the existing plan as needed. This plan will guide professional development during the next year. The objectives are subject to revision by mutual agreement with the Supervising Administrator as individual and institutional conditions require.

Librarian Faculty Member's Signature:	Date:
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Supervising Administrator's certification of receipt of the Librarian Faculty Member's Self-Assessment.	
Supervising Administrator's Signature:	Date:

TY/er - 12/14/95; SSA - format only revised 9/2/03; revised 11/11/03
 Original: Supervising Administrator
 Copy: Librarian Faculty Member

**TRIENNIAL SUMMARY EVALUATION CONFERENCE REPORT
UNIT ADJUNCT LIBRARIAN FACULTY**

Name of Librarian Faculty Member:	
Supervising Administrator:	Date Submitted:

The following assessment of the Librarian Faculty Member's performance for the period of service since the previous evaluation conference must be prepared by the Supervising Administrator in writing before and shared with the evaluated faculty member during the Triennial Summary Evaluation Conference.

- A. Supervising Administrator's Comments on Faculty Member's Self-Assessment:
- B. Steps Necessary to Improve Work Performance:

Supervising Administrator's Signature:	Date:
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Librarian Faculty Member's Response:

I have reviewed the contents of this appraisal with my Supervising Administrator in a personal conference. My signature means that I have been advised of my performance and of any necessary steps to improve work performance. Signing this form does not necessarily imply that I agree with the appraisal or its contents.

Librarian Faculty Member's Signature:	Date:
---------------------------------------	-------

TY/ssa - 8/22/88, 12/14/95; Format only revised 9/2/03; revised 11/11/03
 Original: Personnel File
 Copy: Librarian Faculty Member
 Copy: Supervising Administrator

**EVALUATION CHECKLIST
UNIT ADJUNCT LIBRARIAN FACULTY
SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Faculty Member:	
Signature of Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President.

- Annual Self-Assessment Report Form
- Summary Evaluation Conference Report

Signature of the V.P. for Teaching, Learning and Student Development:	Date:
---	-------

Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03

**EVALUATION CHECKLIST
UNIT ADJUNCT LIBRARIAN FACULTY
NOT SCHEDULED FOR TRIENNIAL EVALUATION**

Name of Faculty Member:	
Signature of Supervising Administrator:	Date of Packet Completion:

Originals of all required evaluation items are to be completed, signed, copied and filed as indicated on the forms. Originals to be placed in the personnel file should be attached to this worksheet and forwarded to the Vice President for Teaching, Learning and Student Development who will review and deliver the packet to the Human Resources Office. Exceptions to scheduled deadlines must be approved by the Vice President.

Annual Self-Assessment Report Form

Signature of the V.P. for Teaching, Learning and Student Development:	Date:
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Date Received in Human Resources:

TY/SSA - 8/22/89, 8/11/94, 12/15/95, 3/4/96; Format only revised 9/2/03; revised 11/11/03