

San Jose Evergreen Community College District
CONTENTS PAGE FOR ADJUNCT FACULTY EVALUATION

Faculty Member's Name: _____ College: _____

Date Of Hire: _____ Evaluation is for the period of: _____

SRP Status: ___ Granted SRP at **EVC** or **SJCC** (circle one) on this date: _____
___ Seeking SRP at **EVC** or **SJCC** (circle one); currently in 1st 2nd 3rd semester
___ No SRP

Adjunct Evaluation Committee Names

Immediate Administrator/Designee: _____

Peer Evaluator: _____

Mentor (if applicable): _____

Documents to include in this evaluation packet:

1. Evaluation by Administrator
2. Observation of Performance
3. Summary of Student Evaluation Scantron Form (every semester)
Provide a numerical summary of the objective items on the Student Evaluation Scantron Form as well as a typed copy of student comments.
4. Self-Evaluation
5. Summary Report