

**San Jose-Evergreen Community College District**  
**CONTENTS PAGE FOR GRANT-FUNDED NON-TENURED**  
**CATEGORICAL FACULTY EVALUATION**

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Faculty Member's Name: \_\_\_\_\_ College: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Evaluation is for the period of \_\_\_\_\_

**Evaluation Committee Names (indicate Committee Chair with asterisk)**

**Immediate Administrator:** \_\_\_\_\_

**Faculty Member's Peer Appointment:** \_\_\_\_\_

**Documents to include in this evaluation packet:**

1. **Job Description**
2. **Administrator's Evaluation of Faculty**
3. **At least one of the following Forms from each evaluator:**
  - Observation Form for Classroom Faculty
  - Observation Form for Counseling Faculty
  - Observation Form for Coordinator of Disabled Students Program Services
  - Observation Form for Health Services Faculty
  - Observation Form for Librarians
4. **Self-Evaluation**
5. **Summary of Student Evaluation Scantron Forms** (*every semester*)  
For each class, provide a numerical summary of the objective items on the Student Evaluation Scantron Form as well as a typed copy of student comments.
6. **Growth and Development Plan**
7. **Improvement Plan** (if applicable)
8. **Summary Evaluation Report**
9. **Optional Written Response to Summary Evaluation Report** (if completed)