

San Jose-Evergreen Community College District
CONTENTS PAGE FOR TENURED FACULTY EVALUATION

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)