

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

Faculty Member: _____

Date of Hire: _____

Evaluation Period: _____

___ Check if timelines have not been followed

Reviewed recommendation(s) from previous evaluation, if applicable Yes () No ()

For items below, see Article 21.6
A. Demonstrated Competency in Performing Professional Responsibilities
B. Worked effectively with the campus community
C. Met organizational criteria
D. Demonstrated progress in Professional Growth and Development

Committee’s Overall Evaluation: (check one recommendation below)

___ **Distinguished Performance** – exceeds the requirements of the assignment. The evaluation shall include notations of exceptional performance.

___ **Proficient Performance** – meets the requirements of the assignment. The evaluation may include notations of exceptional performance.

___ **Needs Improvement** – to meet the requirements of assignment. The evaluation shall include notations of areas to be improved. An Improvement Plan is required as per section 21.8.

___ **Does Not Meet the Requirements of Assignment** –The evaluation shall include specific areas of unsatisfactory performance. If this recommendation is made an Improvement Plan is required as per section 21.8.

Complied with self-evaluation component.

Evaluation Committee:

Committee Member: _____

Type/Print
Signature
Date

Immediate Administrator/Designee: _____

Type/Print
Signature
Date

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Faculty Member's Comments (optional): _____

Faculty Member's Signature: _____ Date: _____

President's Comments: _____

President's Recommendation: (Check one recommendation below)

___ **Distinguished Performance** – exceeds the requirements of the assignment. The evaluation shall include notations of exceptional performance.

___ **Proficient Performance** – meets the requirements of the assignment. The evaluation may include notations of exceptional performance.

___ **Needs Improvement** – to meet the requirements of assignment. The evaluation shall include notations of areas to be improved. An Improvement Plan is required as per section 21.8.

___ **Does Not Meet the Requirements of Assignment** –The evaluation shall include specific areas of unsatisfactory performance. If this recommendation is made an Improvement Plan is required as per section 21.8.

President's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received in the District Human Resources Office

Received by (initials): _____ Date Received: _____