

SCHEDULE F-5B - EVALUATION CONFERENCE REPORT:

TENURED, ASSOCIATE, AND NON-TENURED FULL-TIME FACULTY

To be completed by the Tenured Faculty Evaluation Committee (TFEC), Associate Faculty Evaluation Committee (AFEC), and Non-Tenured Full Time Temporary Faculty Evaluation Committee (NFEC).

Evaluatee: _____ Conference Date: _____

Chair: _____ Faculty Administrator

Peer evaluator selected by district: (optional): _____ Faculty

Peer evaluator selected by evaluatee (optional): _____ Faculty

Attach the following documents to this form:

- F-1: Confidentiality Agreement(s)
- F-2: Faculty Evaluation form(s)
- F-4B: (tenured and non-tenured faculty) or F-4 C (optional for associate faculty)
- Flex reports (associate faculty only)
- Student Evaluation Summary Report(s)

CONFERENCE SUMMARY

1. Does evaluatee use assessment results to inform teaching and improve student learning? Yes
 No
2. Limitations/weaknesses and/or concerns noted at last evaluation:
 - a. Progress on plan to address recommendations noted at last evaluation:
3. Significant accomplishments since last evaluation:
4. Strengths noted during this evaluation:

5. Limitations/weaknesses noted during this evaluation:

6. Current areas of concern:

7. Specific plan to address limitations/weaknesses and/or concerns

EVALUATION TEAM RECOMMENDATION

Tenured Faculty	Associate Faculty	Non-Tenured Full-Time
<input type="checkbox"/> Satisfactory: Evaluate at the next regular interval. <input type="checkbox"/> Needs improvement: Evaluate at the next regular interval. <input type="checkbox"/> Needs improvement: Evaluate in two semesters. <input type="checkbox"/> Needs improvement: Evaluate in the next semester.	<input type="checkbox"/> Satisfactory: Recommend rehire with evaluation at the next regular interval. <input type="checkbox"/> Needs improvement: Recommend rehire with evaluation at the next regular interval. <input type="checkbox"/> Needs improvement: Recommend rehire with evaluations in two semesters. <input type="checkbox"/> Needs improvement: Recommend rehire with evaluation in the next assigned semester. <input type="checkbox"/> Unsatisfactory: Recommend non-rehire.	<input type="checkbox"/> Satisfactory: Evaluate at the next regular interval. <input type="checkbox"/> Needs improvement: Evaluate at the next regular interval. <input type="checkbox"/> Needs improvement: Evaluate in two semesters. <input type="checkbox"/> Needs improvement: Evaluate in the next semester. <input type="checkbox"/> Unsatisfactory: Recommend non-rehire.

SIGNATURES

Chair

Date

Additional evaluator (selected by district)

Date

Additional evaluator (selected by evaluatee)

Date

The signature below indicates this evaluation has been discussed with me, but does not necessarily constitute agreement with the content of the evaluation. I understand that if I choose, I have 10 business days to prepare a narrative statement to be attached to this document.

Evaluatee Response attached

Date

Received by: Administrator

Date

Vice President, Instruction and Student Services or designee

Date