

Appendix J

Notification of Evaluation Contract and Regular Faculty

To: _____

Date: _____

From: _____

Division Administrator

Pursuant to the collective bargaining agreement between the District and CCFT, contract probationary faculty are evaluated once during each of their first three semesters, once in their third year, and in the fall semester of their fourth year, prior to the granting of regular status. Regular tenured faculty are evaluated once every three years.

This semester is an evaluation period for you. Please provide the following information and return this form to me no later than _____, so that the evaluation may proceed in a timely manner.

If you have any questions concerning the evaluation process, please refer to Article 17 – Evaluation, of the CCFT collective bargaining agreement.

Evaluation Team

You will be evaluated by a team consisting of no less than two (2) academic staff, including the appropriate administrator or his/her administrative designee, who shall chair the team. You shall select the other team member. Whenever possible, the team shall consist of at least one person within the discipline or field of the evaluatee. If the evaluatee teaches a distance education class, whenever possible, one of the team members shall have experience teaching distance education courses. At the option of you or the appropriate administrator, a third team member may be selected by the appropriate administrator from a list of three (3) or more faculty members submitted by you. For contract and probationary faculty, a team of three (3) is required during the first three evaluations. Regular, tenured faculty may request the “sixth year option” involving only a single peer evaluation, a self-evaluation, and the final evaluation if they meet the criteria of Article 17.7.10.

Please indicate your selection for the evaluation team:

Team Faculty Member _____
Name

Please list three additional faculty members from which a third team member could be selected:

<u>Optional Team Member:</u> Is a third team member requested?	Yes _____	No _____
Faculty member qualifies for the “sixth year option?”	Yes _____	No _____
If yes, do you request the “sixth year option?”	Yes _____	No _____

Acknowledgement

I acknowledge that I have received a Notification of Evaluation

Date: _____

Signed: _____