

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

SIGNATURES

Chair	Date
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Additional evaluator (selected by district)	Date
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Additional evaluator (selected by evaluatee)	Date
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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	<input type="checkbox"/> Response attached	Date
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Received by: Administrator	Date
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Vice President, Instruction and Student Services or designee	Date
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