

Form PT-1 Evaluation Summary Form Part-Time Faculty

This Evaluation Summary is intended to summarize the evaluator(s) best professional perception of the total contribution of the part-time faculty member. As such it must represent the total impression of the part-time faculty member's performance of their assignment(s), professional responsibilities, and professional growth. This is obtained through direct observations, impressions gained through student evaluations, opinions professionally expressed by a reasonable number of colleagues, and observed or reliably reported professional behavior. Evaluation should be in relation to facilitating student success and providing a suitable learning environment. This should be in accordance with the concepts outlined in Article 11 of the YCAFT/District Collective Bargaining Agreement.

Name of Person Being Evaluated:	Discipline:			
Assignment Type: Teaching Counselor Librarian Resource				
College: Wo	oodland Community College	uba College		
CHECKLIST OF ENCLOSED DOCUMENTS				
☐ Complete Observation Reports ☐ Summary of Student Feedback from Sections Observed ☐ Faculty Self-Study				
SUMMARY RANKINGS OF THE CRITERION				
(See narrative below; recommendations for improvement must be documented on a Performance Improvement Plan form for each summary "Needs Improvement" and "Unsatisfactory"):				
1 – Performance of Assignment:	☐ Exemplary ☐ Meets Expectations ☐	Needs Improvement Unsatisfactory		
2 – Professional Responsibilities:	☐ Exemplary ☐ Meets Expectations ☐	Needs Improvement Unsatisfactory		
3 – Professional Growth:	☐ Exemplary ☐ Meets Expectations ☐	Needs Improvement Unsatisfactory		
Overall Ranking:	☐ Exemplary ☐ Meets Expectations ☐	Needs Improvement Unsatisfactory		
Supervisor's Employment Recommendation:	☐ Reemploy ☐ Do Not Reemploy			

SYNTHESIS AND HIGHLIGHTS FROM THE NARRATIVE/PROCES	SS	
COMMITTEE SIGNATURES		
The above evaluation represents our best professional judgment:		
Administrator:		Date:
Faculty Peer:		Date:
FACULTY SIGNATURE		
I have had the opportunity to read this report and discuss it with the regarding this evaluation and to carry out any additional self-evaluate Form).		
Faculty Member:		Date:
REVIEW AND APPROVAL		
College VP/President Signature:		Date: