Office of	Human	Resources	
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Evaluation:	Special As	signment	Faculty -	Client	Survey	Form

Evaluee:		Full-time		Part-time			
Location:		Chabot College	9	Las Posita	s Coll	ege	
Semester:		Spring		Summer		Fall	Year:
(Please Print) Evaluation of:						Date	e: / /
Name of client:				Pos	sitio	า:	

1. In what situation(s) have you worked with the Faculty member or received information and/or services from the Faculty member?

2. In what areas do you believe that the Faculty member has done especially well in providing information and/or services to you or your department?

3. In what areas do you believe that the Faculty member could improve in providing information and/or services to you or your department?

4. Please rate the Faculty member on the following scales: (Circle one option out of the two offered and rate that offer based on the scale, 1 = highest and 5 = lowest)

Interpersonal Skills:						
Sensitivity / Insensitive	1	2	3	4	5	
Flexibility / Inflexible	1	2	3	4	5	
Taking initiative / Takes no initiative	1	2	3	4	5	
Collaboration / Non collaborative	1	2	3	4	5	
Leadership / Follows	1	2	3	4	5	

If additional space is needed, please use an additional piece of paper noting the section and question number.

Interpersonal Skills:

Clarity / Unclear Sensitivity to audience / Insensitive **Reports and data summaries:** Clarity / Unclear Informative / Uninformative

* The Faculty member being observed has the right to append a statement to this observation.

SECTION II: EVALUATOR NOTES AND SUMMARY COMMENTS

Please check one and summarized below:

	Satisfactory		Needs Improvement		Unsatisfactory
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Please describe at least one observed teaching strategy and one delivery method observed. For example, what did you observe to indicate the instructor helped students apply new concepts/ processes/skills? This is also the space for elaborating on the observation of instruction, noting strengths and suggestions related to the contract's standards for instruction and excellence in working with students, including accomplishing the course outline and including a summary of Student Response to Instruction.

Summary Comments						

SECTION III: APPROPRIATE ADMINISTRATOR'S SUMMARY

Instructor' Name:					W #					
Ple	ease check one and	sun	nmarized below:							
	Satisfactory		Needs Improvement		Unsatisfactory					
l h	I have read and received a copy of this Administrative Summary and Evaluation.									
Ins	structor signature:	Date:	_/	/						
Ad	Administrator signature:				Date:	_/	/			
* T	* The instructor being observed has the right to append a statement to this Administrative									

The instructor being observed has the right to append a statement to this Administrative Summary and Evaluation.

Below is the space for the appropriate Administrator to provide a final summary and overall evaluation on Faculty based on:*

- (1) Applicable contractual faculty standards, including:
 - Fulfillment of collegial responsibilities (14F.3, 14G.4, 14H.3, 14I.3)
 - Excellence in working with students (15C.2)
 - Participate in program and subject area improvement tasks (15C.5c)
 - Meet deadlines and submittal of grades and Census Reports (15C.5d)
 - Meet additional specific standards for instructional faculty (15C.6, 15C.7, 15C.8, 15C.9);
- (2) Part-time Faculty member's participation in professional responsibilities as described below: 18I.7c.1 Participate in program and subject area improvement tasks such as creating and assessment of Student Learning Outcomes (SLOs), Service Area Outcomes (SAOs), Course Learning Outcomes (CLOs) and Program Learning Outcomes (PLOs), program review, and curriculum development.

Summary Comments (Attach extra sheets if necessary)

Reference: Article 14B.3, 14F.2b, 14F.3, 14G.4, 14H.3, 14I.3, 15B.3, 15F.2a, 15F.2a2, 15G.2, 18I.1c – Faculty Collective Bargaining Agreement

If additional space is needed, please use an additional piece of paper noting the section and question number.