

**RCCD** | RIVERSIDE COMMUNITY  
COLLEGE DISTRICT  
IMPROVEMENT OF INSTRUCTION - ASSOCIATE FACULTY  
EVALUATION COVER SHEET

<b>Evaluatee:</b>	<b>Semester/ Year:</b>
<b>College:</b>	<b>Course Evaluated:</b>
<b>Department/Discipline:</b>	<b>Original Hire Date:</b>
<b>Normal Schedule:</b> 1 <sup>st</sup> Term of hire    3 <sup>rd</sup> Semester of Hire    5 <sup>th</sup> Semester of Hire    Every third year of hire thereafter	
<b>Special Schedule:</b> Annual Eval. for Accreditation Standards    Program Name: _____	

**This improvement of instruction evaluation report includes:**

- **Copies of a written report with a classroom observation, review of syllabi and student surveys**
  - This report shall be directly related to the associate faculty member's performance and may include, but not be limited to, subject matter expertise, communication skills, adherence to course outlines of record, timeliness and accuracy of required Class I records and reports. (See Contract Article XI.D.3.b)
- **Department Chair's review and comments** (or Sheriff's Department Coordinator, or Fire Technology Coordinator review and comments)
- **Student survey questionnaire and summary, typed student comments**
- **Due to limited interaction, student surveys are not included for associate faculty lab assignment(s)**  
(Note: Applies to open lab situations where associate faculty do not consistently interrelate with the same students.)
- **Supervising administrator's signature and comments including associate faculty member's attention to class one documents after review of report**

**I. OBSERVER/DEPARTMENT CHAIR OR DESIGNEE (designee should be from the associate faculty member's discipline or closely related discipline) or Sheriff's Department or Fire Technology Coordinator**

- ☐ A classroom observation is attached.
- ☐ A review of syllabi was completed and comments regarding needed improvements are included in observation (if the syllabi do not meet accreditation standards please insure that the instructor revises their syllabi before offering another course and places a copy on file with the department chair).
- ☐ The syllabi used by this associate faculty member meet accreditation standards.
- ☐ A review of student surveys was completed and comments are included in observation.

Overall Finding:	Satisfactory	Needs Improvement*	Unsatisfactory**
I met with the Associate Faculty Member to discuss the evaluation.	In Person on _____ (date) Via Phone on _____ (date) Via Email on _____ (date) Via Video Communicaton _____ (date)		

**Signature of reviewer:** \_\_\_\_\_ **Title of reviewer:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

\*"If an associate faculty member, with at least four (4) fall and spring terms of service, receives a 'needs improvement' evaluation, then the two (2) senior faculty members of the discipline within the Department shall review the evaluation and, if the two (2) senior faculty members find that the 'needs improvement' was not warranted, they will write a written report to be included in the final evaluation. If the 'needs improvement' is warranted, the discipline/department may conduct an additional evaluation of the associate faculty member in the next term an assignment is provided. It is understood that a 'needs improvement' evaluation does not in any way guarantee an assignment in the next term." (Article XI.D.3.h). The same process applies for an "unsatisfactory" evaluation.

\*\*If two consecutive 'Needs Improvement' or one 'Unsatisfactory' evaluation(s) is given, then it precludes the associate faculty member from Reemployment Preference.

**Needs Improvement or Unsatisfactory Review (by two senior faculty members) if on the Three-Year Evaluation Cycle:**

\_\_\_ Not Needed due to Satisfactory Review

\_\_\_ Agree with Initial Evaluation

A written report is attached

Reviewed by \_\_\_\_\_ (name)

\_\_\_\_\_ (title)

## II. DEPARTMENT CHAIR REVIEW

Please mark your response for the following items:	Yes	No
Cooperates and communicates with department chairs, as appropriate.		
Adheres to ethical principles governing interactions with students and colleagues.		

No Additional Comments

Comments are attached

\_\_\_\_\_  
Department Chair or Designee

\_\_\_\_\_  
Date

(Sheriff's Dept. or Fire Technology Coordinator)

\*Information regarding a needs improvement rating.

**III. EVALUATEE'S RECEIPT: I have received a copy of this report from my department. I am aware that my signature does not necessarily indicate agreement with this evaluation and upon receiving the signed copy from the supervising administrator, that I may submit a written disagreement within fifteen (15) days.**

\_\_\_\_\_  
Evaluatee's Signature

\_\_\_\_\_  
Date

## IV. SUPERVISING ADMINISTRATOR'S REVIEW:

Please mark your response for the following items:	Yes	No
Associate Faculty member adheres to timeliness and accuracy of class one documents.		
Cooperates and communicates with dean, as appropriate.		
Adheres to ethical principles governing interactions with students and colleagues.		

\_\_\_\_\_  
Supervising Administrator

\_\_\_\_\_  
Date

Supervising Administrator Comments:

## V. RECEIVED BY HUMAN RESOURCES AND EMPLOYEE RELATONS

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

*Forward to the Office of Human Resources and Employee Relations for data entry and to place in personnel file.*

