RIVERSIDE COMMUNITY COLLEGE DISTRICT

IMPROVEMENT OF INSTRUCTION

One Semester/One Year Temporary

**COMMITTEE REPORT**

Faculty Member: <<Name>> Semester/Year: <<List>>

Department/Program: <<List>>

* **Categorically Funded Temporary (contingent upon funding) in \_\_\_\_\_\_ Year with District**

Full-time categorically funded faculty will be evaluated formally during the first semester of employment and in the Fall semester of each of the following three (3) years. Once these four (4) formal evaluations are completed satisfactorily, full-time categorical faculty will be evaluated once every three (3) years thereafter, usually in the Spring semester in a manner consistent with the evaluation process for regular faculty.

This does not obligate the district to rehire or grant tenure to faculty who are categorically funded

In accordance with Article XI, Improvement of Instruction and Tenure Review, of the Agreement between the Riverside Community College District and the Riverside Community College Chapter CCA/CTA/NEA, the committee members reviewed written administrative and peer reviews from classroom visitations, including distance education when applicable, student surveys of all classes (or alternative instruments for non-teaching faculty), syllabi, evidence of subject-matter proficiency, established tentative professional growth goals, , adherence to course outline of record; fulfillment of flex-time obligations, fulfillment of institutional service, and fulfillment of faculty expectations listed in Article XI.B.1, and the self-reflective narrative of institutional service. The outcome is as follows:

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|  | Recommendation: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Academic Administrator’s Name>>  Chair/Administrator | Satisfactory  Need for Further Improvement |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Name>>  Member | Satisfactory  Need for Further Improvement |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Name>>  Member  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Name>>  Member | Satisfactory  Need for Further Improvement  □ Satisfactory  Need for Further Improvement |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Name>>  Department Chair or designee | Satisfactory  Need for Further Improvement |

I have received a copy of this evaluation, and I understand that I have the right to respond in writing to any documents placed in the tenure review and evaluation record.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member