

APPENDIX II

This Appendix consists of copies of the official **Faculty Appraisal Forms** referenced in Article XV, Section 15.1.4 of this Agreement. There are three forms, one each for Classroom Faculty, Counselors, and Librarians. Following these three forms is the “Recommendation Page” which is to be completed at the conclusion of *all* tenured/tenure-track faculty evaluations.

The official **Faculty Appraisal Guide** is referenced in 15.1.4 above. The guide describes evaluation domains and criteria, as well as evidence of effectiveness. In addition, the guide lists several "examples of performance" for each criterion. These examples primarily describe behaviors that may indicate whether and how well a faculty member meets the various criteria.

Faculty not covered by one of these forms may modify the most suitable, in concert with the appropriate manager and the Guild.

San Diego Community College District Tenured/Tenure-Track Faculty Appraisal Form

For: _____
(Evaluatee's Name)

DOMAINS/Criteria	Needs Development	Satisfactory	Exceeds Standards	[]	[]
SUBJECT MATTER MASTERY					
1. Current Subject Area Knowledge/Professional Development	[]	[]	[]	[]	[]
2. Knowledge of Learning Theory	[]	[]	[]	[]	[]
PREPARING FOR TEACHING					
3. Course Conceptualization/Integration	[]	[]	[]	[]	[]
4. Organizing/Planning	[]	[]	[]	[]	[]
5. Innovation/Resourcefulness	[]	[]	[]	[]	[]
TEACHING					
6. Presentation Skills	[]	[]	[]	[]	[]
7. Adaptability/Flexibility	[]	[]	[]	[]	[]
8. Facilitation Skills	[]	[]	[]	[]	[]
9. Assessment	[]	[]	[]	[]	[]
10. Feedback Skills	[]	[]	[]	[]	[]
11. Skill in Creating the Learning Environment	[]	[]	[]	[]	[]
12. Skill in Managing Class Time	[]	[]	[]	[]	[]
13. Skill in Making Content Relevant	[]	[]	[]	[]	[]
COACHING & COUNSELING SKILLS					
14. Skill in Establishing Rapport/Trust	[]	[]	[]	[]	[]
SDCCD KNOWLEDGE & INVOLVEMENT					
15. Campus/District Knowledge & Involvement	[]	[]	[]	[]	[]
16. Timely Response to Administrative Requirements (for Chair/Dean to evaluate)	[]	[]	[]	[]	[]
17. Demonstrated respect for colleagues, for the traditional concepts of academic freedom, and for the commonly agreed upon ethics of their profession	[]	[]	[]	[]	[]
18. Demonstrated sensitivity to the issues of diversity, equity, inclusion, and accessibility	[]	[]	[]	[]	[]
OVERALL RATING:	Needs Development	Satisfactory	Exceeds Standards	[]	[]
	[]	[]	[]	[]	[]

SIGNATURES:

DATES:

SIGNATURES:

DATES:

PEER EVALUATOR

APPROPRIATE MANAGER

PEER EVALUATOR (if applicable)

EVALUEE

DEPARTMENT or PROGRAM CHAIR

PRESIDENT

VICE PRESIDENT

San Diego Community College District Tenured/Tenure-Track Faculty Appraisal Form COUNSELOR

For: _____
(*Evaluee's Name*)

DOMAINS/Criteria	Needs Development	Satisfactory	Exceeds Standards
DEVELOPMENT, COORDINATION, & IMPLEMENTATION OF STUDENT SERVICES ACTIVITIES			
1. Keeping Reports, Records, Ed Plans, & other documentation	[]	[]	[]
2. Special Functions	[]	[]	[]
3. Organizing & Planning	[]	[]	[]
PROFESSIONAL COUNSELING SKILLS			
4. Individual Counseling	[]	[]	[]
5. Group Counseling	[]	[]	[]
6. Assessment	[]	[]	[]
7. Group Presentation	[]	[]	[]
COUNSELING-SPECIFIC SUBJECT MASTERY			
8. Knowledge & Utilization of Academic Programs and Curricula, Transfer Information, resources, & District Procedure	[]	[]	[]
9. Professional Growth & Ongoing Preparation	[]	[]	[]
INTERPERSONAL-PERSONAL SKILLS			
10. Communication	[]	[]	[]
11. Leadership/Influence	[]	[]	[]
12. Timely Response to Administrative Requirements (for Chair/Dean to evaluate)	[]	[]	[]
13. Demonstrated respect for colleagues, for the traditional concepts of academic freedom, and for the commonly agreed upon ethics of their profession	[]	[]	[]
14. Demonstrated sensitivity to the issues of diversity, equity, inclusion, and accessibility	[]	[]	[]
OVERALL RATING:	Needs Development []	Satisfactory []	Exceeds Standards []

SIGNATURES:	DATES:	SIGNATURES:	DATES:
_____	_____	_____	_____
PEER EVALUATOR		APPROPRIATE MANAGER	
_____	_____	_____	_____
PEER EVALUATOR (if applicable)		EVALUEE	
_____	_____	_____	_____
DEPARTMENT or PROGRAM CHAIR		PRESIDENT	
_____	_____		
VICE PRESIDENT			

**San Diego Community College District Tenured/Tenure-Track Faculty Appraisal Form
LIBRARIAN**

For: _____
(*Evaluee's Name*)

Domains / Criteria	N/A	Needs Development	Satisfactory	Exceeds Standards
PUBLIC and TECHNICAL SERVICES				
1. Reference	___	[]	[]	[]
2. Instruction	___	[]	[]	[]
3. Access Services	___	[]	[]	[]
4. Technical Services	___	[]	[]	[]
5. Library Services Platform Administration	___	[]	[]	[]
COLLECTION MANAGEMENT				
6. Overall Knowledge of the Collection	___	[]	[]	[]
7. Collection Evaluation & Assessment	___	[]	[]	[]
8. Collection Selection and De-selection	___	[]	[]	[]
OPERATIONAL LEADERSHIP				
9. Organizing & Planning	___	[]	[]	[]
10. Staff Development	___	[]	[]	[]
SDCCD KNOWLEDGE and INVOLVEMENT				
11. Campus/District Involvement	___	[]	[]	[]
12. Campus/District Policies & Procedures	___	[]	[]	[]
13. Liaison with Faculty & Administration	___	[]	[]	[]
14. Timely Response to Administrative Requirements (for Chair/Dean to evaluate)	___	[]	[]	[]
15. Demonstrated respect for colleagues, for the traditional concepts of academic freedom, and for the commonly agreed upon ethics of their profession	___	[]	[]	[]
16. Demonstrated sensitivity to the issues of diversity, equity, inclusion, and accessibility	___	[]	[]	[]
LIBRARIANSHIP MASTERY				
17. Continuing Education/Professional Involvement	___	[]	[]	[]
Overall Rating:		Needs Development	Satisfactory	Exceeds Standards
		[]	[]	[]

Signatures: _____

Dates: _____

Signatures: _____

Dates: _____

Peer Evaluator

Appropriate Manager

Peer Evaluator (if applicable)

Evaluee

Dept or Program Chair

President

Vice President

RECOMMENDATION PAGE FOR ALL TENURED/TENURE-TRACK EVALUATIONS

COMMITTEE RECOMMENDATION for _____

PROBATIONARY/PROMOTIONAL EVALUATION

First Year	<input type="checkbox"/> Second one-year Contract <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Renewal
------------	--

Second Year	<input type="checkbox"/> Two-year Contract <input type="checkbox"/> Tenure <input type="checkbox"/> Non-Renewal
-------------	---

Third Year	<input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Unsatisfactory Progress
------------	---

Fourth Year	<input type="checkbox"/> Tenure/Promotion to Associate Professor* <input type="checkbox"/> Denial of Tenure
-------------	---

Eighth Year	<input type="checkbox"/> Advance to Professor* <input type="checkbox"/> Advancement Not Recommended, FEDP Required
-------------	---

TENURED, NON-PROMOTIONAL EVALUATION

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory, FEDP Required
---------------------------------------	--

**promotion to Associate Professor or Professor applies to tenured/tenure-track college faculty only.*

Recommendation of President: _____ I agree _____ I disagree
 With Committee Recommendation

(If "Disagree," please state recommendation and reasons for such):