

COAST COMMUNITY COLLEGE DISTRICT ADMINISTRATIVE FEEDBACK AND EVALUATION OF FACULTY

Coastline Community College ☐ Golden West College ☐ Orange Coast College ☐.

Faculty Evaluatee Name:

Date:

Administrator Name:

Tenure-Track Year: One: ☐ Two: ☐ Three: ☐ Four: ☐.

Tenured/Regular: ☐ Categorical: ☐ Temporary: ☐.

Instructions: Indicate by a check on the appropriate line, the evaluation which in your best judgment describes the performance of the faculty member. Use back for suggestions and explanations as necessary.

		Satisfactory	Needs improvement	Comments (required if needs improvement checked)
A.	Office Hours; Per Article XI, Section 11.1.a (3)			
B.	Meets classes.			
C.	Final grades and attendance records submitted in timely manner.			
D.	Participates in department/ division responsibilities such as meetings, SLO/PLO assessment, curriculum, etc.			

1. Commendations:

2. List of committees participated in per Article XI, Section 11.1.a (5):

3. Meets the Obligations of Individual Faculty as set forth in the Agreement:

4. Additional comments:

5. Administrator's Name - Print Legibly

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Administrator's Signature

Date

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Faculty Evaluatee Comments:

Evaluatee's Name - Print Legibly

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Evaluatee's Signature

Date

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