**Clackamas Community College**

**Associate and Part-Time Faculty Summative Evaluation**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Materials Submitted by Faculty Member:**

|  |  |
| --- | --- |
| **❒ Self-Evaluation** (Number: \_\_\_\_\_ )  **❒ Peer observations** (Number: \_\_\_\_\_ ) | **❒ Administrator observations (optional)** (Number: \_\_\_\_\_ )  **❒ Portfolio (optional)** |
| **❒ Other Materials** (Please Describe): | |

**Evaluation Materials Included by Department:**

**❒ Student Evaluations (**Number: \_\_\_\_\_\_\_)

**❒ Other Materials** (Please Describe):

**Highlights of Instructor Self-Evaluation:**

**Highlights of Student Evaluations:**

**Highlights of Colleague Evaluations:**

**Other Comments:**

**Summary of Identified Expectations in Specific Areas**

**Legend:**

**EE—Exceeds Expectations, ME—Meets Expectations, NI—Needs Improvement, U—Unsatisfactory,   
NA—Does Not Apply (or is not known)**

**(Please see rubric for further explanation)**

**Expectations: Classroom Skills (Overall Rating) EE ME NI U NA**

**According to the evaluation materials, the instructor…**

|  |  |  |  |
| --- | --- | --- | --- |
| ❒ | Demonstrates enthusiasm for subject being taught. | ❒ | Makes class dynamic/interesting. |
| ❒ | Conveys confidence in students’ ability to learn. | ❒ | Uses class time effectively. |
| ❒ | Comes across credibly (as a subject matter expert) in the classroom. | ❒ | Communicates/presents topics clearly. |

Additional Comments on these or related factors (comment on any left unchecked):

**Expectations: Working With Students (Overall Rating) EE ME NI U NA**

**According to the evaluation materials, the instructor…**

|  |  |  |  |
| --- | --- | --- | --- |
| ❒ | Always treats students with respect. | ❒ | Clearly expresses expectations of students. |
| ❒ | Returns graded work promptly. | ❒ | Provides helpful feedback along with graded work. |
| ❒ | Was accessible for students (present during office hours and approachable). | ❒ | Shows appropriate flexibility in adjusting to students’ progress and needs. |

Additional Comments on these or related factors (comment on any left unchecked):

**Expectations: Professional Growth and Development EE ME NI U NA**

**According to the evaluation materials, the instructor…**

|  |  |  |  |
| --- | --- | --- | --- |
| ❒ | Talks with chair about and meets own goals for professional growth. | ❒ | Maintains skills necessary to teach effectively in CCC’s classroom environment. |
| ❒ | Stays current in his/her field. | ❒ | Responds to suggestions for improvement (for example, from this evaluation process). |

Additional Comments on these or related factors (comment on any left unchecked):

**Expectations: Departmental and Institutional Responsibilities EE ME NI U NA**

**According to the evaluation materials, the instructor…**

|  |  |  |  |
| --- | --- | --- | --- |
| ❒ | Performs assigned duties. | ❒ | Follows institutional and departmental policies. |
| ❒ | Holds class for the required time. | ❒ | Works respectfully with college faculty and staff. |
| ❒ | Keeps up with record keeping, correspondence, and reporting. |  |  |

Additional Comments on these or related factors (comment on any left unchecked):

**Overall Evaluation (check one):**

❒ **Exceeds Expectations**

❒ **Meets Expectations**

❒ **Needs Improvement**

❒ **Unsatisfactory**

Comments:

**If the overall rating is “Needs Improvement” or “Unsatisfactory”, what must the instructor   
do to improve performance, and what is the timeline?**

Director/Department Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director/Department Chair’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Associate Dean Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Dean’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify that I have seen this evaluation *and* have had an opportunity to discuss it with the evaluating administrator(s).

***Yes No***

Instructor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Instructor’s comments** (optional, may be provided/attached within 30 days of review):