Instructional Faculty and Educational Support Faculty

Evaluation Packet
(See AP 7151 for Complete Evaluation Policy)

Office of Educational Programs

Rev. 8/2018
Faculty Evaluation
In-Class Online Student Survey Process

Packets will be provided by the dean’s administrative assistant, as before. However, instead of evaluation forms, an envelope with slips of paper will be provided for each class section. The slips of paper have the following information printed on them:

- A URL to access the online evaluation system
- A QR code to access the online evaluation system
- A unique pass code to login to the online evaluation system
- Name of the instructor and course being evaluated

Student responses to the instructor evaluation will be collected in class, as before, with the primary difference being that instead of a form to complete and turn in to the evaluator, they will each receive a slip of paper, as described above, and use the information on it to complete the evaluation online using a mobile device (smartphone, android tablet, iPad, or laptop).

Evaluatees should notify their students in advance to bring their devices on the day when the observation and evaluation is scheduled to take place. In order to be consistent, and to reinforce that faculty care about student feedback, the evaluators should also inform their students that:

- SBCC sees faculty evaluation as an important part of professional development. Student feedback is an important part of helping instructors improve their craft.
- Those who forget to bring or do not have a mobile device will be able to complete the survey after class using a URL and individual code distributed by the evaluator on evaluation day.

After completing the class observation and collection of student surveys, the evaluator will send an email to their dean’s administrative assistant, with a copy (CC) to the instructor being evaluated, informing them of the number of the completed CRN.

When a factor occurs that limits student completion of the survey, such as DSPS accommodations or a failure of internet access on the day of the survey, 48 hours will be allowed to complete the survey. Once the observation and student survey process have been completed within the 48 hours, the evaluator will send an email to the dean’s administrative assistant, copying the instructor being evaluated, informing them of the number of the completed CRN.

The dean’s administrative assistant will generate the summary report and place the file into the instructor’s folder on Google Drive, which will be shared with the evaluation committee members by the department chair or the committee chair.
## SANTA BARBARA CITY COLLEGE
### FACULTY RESPONSIBILITIES CHECKLIST

**Evaluatee**_________________________________ **Department**_________________________________ **Semester/Year**_________________________________

**Area Dean**________________________________ **Department Chairperson** _____________________________ **Date**______________________

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Needs Improvement*</th>
<th>Substandard*</th>
<th>N/A</th>
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1. **Responsibilities to Students or Clients:**
   a. Meets class or appointments as scheduled
   b. Keeps posted office hours (credit instructional faculty)
   c. Distributes a syllabus during the first week of classes that includes the department-approved Course Student Learning Outcomes (instructional faculty)
   d. Provides students with effective services and resources that assist them in the learning process (educational support faculty)
   e. Provides effective counseling/advising services to students and support to faculty (educational support faculty)
   f. Maintains accurate records for tracking and follow-up purposes (educational support faculty)

2. **Responsibilities to Department:**
   a. Participates in recruitment, selection, and orientation of new faculty and staff (full-time faculty)
   b. Participates in evaluation of faculty and/or staff by serving on evaluation committees (full-time faculty)
   c. Analyzes Student Learning Outcomes data in order to identify and implement improvement strategies with department faculty (full-time faculty)
   d. Participates in departmental program review (full-time faculty)
   e. Attends department/division meetings (full-time faculty)
   f. Participates in usual and reasonable department duties (full-time faculty)
   g. Provides work direction and supervision to short-term employees and student workers (educational support faculty)

3. **Responsibilities to District** (based on data provided by area dean):
   a. Returns textbook orders on time (instructional faculty)
   b. Assesses and reports Student Learning Outcomes (SLOs)
   c. Reports personal absences and makes reasonable efforts to find a qualified substitute
   d. Fulfills college service requirements (e.g., serves on college committees, club sponsorship, department chairing, etc.) (full-time faculty)
   e. Fulfills professional development hours (credit faculty)
   f. Complies with district policies and procedures
   g. Submits drop and census rosters on time
   h. Gives final exams as scheduled (credit faculty)
   i. Submits final grades and/or positive attendance records on time

* If any needs improvement or substandard comments are indicated, all information substantiating any needs improvement or substandard checkmark shall be included with this form. 

[OVER]
DEPARTMENT CHAIRPERSON COMMENTS:

____ No Comments

____ Comments**

** Except for an optional addendum from the evaluatee, no additional information or documents shall be included in the evaluation after the summary form is signed.

Department Chairperson’s Signature: _____________________________ Date: ________________

Reviewed by Committee: __________________________

Date __________________________
As noted in AP 7151 Evaluation of Faculty, this form is required for regular (tenured), contract (probationary), and temporary contract faculty evaluation. When applicable, this form is also required for part-time faculty.

Evaluatee: _______________________________________________________                      Due Date: _____________________

______ No Comments

______ Comments*

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*Except for an optional addendum from the evaluatee, no additional information or documents shall be included in the evaluation after the summary form is signed.

Dean’s Signature: ___________________________________________________       Date: ______________________________

Reviewed by Committee:  ___________________       Date: ______________________________
SANTA BARBARA CITY COLLEGE
FACULTY EVALUATION SUMMARY*

Evaluatee: ______________________________ Department: __________________________ Semester/Year: ____________

Status: ____ Contract (Probationary) ____ Master Teacher ____ Part-Time ____ Regular (Tenured) ____ Temporary Contract

Overall Evaluation:

_____ Satisfactory with regard to each of the applicable District Performance Criteria

_____ Needs Improvement with regard to each of the applicable District Performance Criteria
   (Include Plan for Improvement as outlined in AP 7151 Evaluation of Faculty.)

_____ Substandard with regard to each of the applicable District Performance Criteria
   (Include Plan for Improvement, when applicable, as outlined in AP 7151 Evaluation of Faculty.)

Acknowledgment of Receipt:

Evaluatee: ____________________________________________________   Date: ____________________

By signing above, the evaluatee acknowledges: I have received this evaluation and understand that I have ten days from this date
to submit to my area dean an optional addendum to the evaluation packet. My signature does not necessarily indicate agreement
with the content.

Evaluator: ____________________________________________________   Date: ____________________
   (Committee Chair) Name, Title, Department

Evaluator: ____________________________________________________   Date: ____________________
   Name, Title, Department

Evaluator: ____________________________________________________   Date: ____________________
   Name, Title, Department

Received & Forwarded: _________________________________________    Date: ____________________
   Department Chair

Received: ____________________________________________________    Date: ____________________
   Dean

Received: ____________________________________________________    Date: ____________________
   Executive Vice President, Educational Programs

Received: ____________________________________________________    Date: ____________________
   Human Resources

Next Evaluation Due: ___________________________________________

* Except for an optional addendum from the evaluatee, no additional information or documents shall be included in the evaluation
   after the summary form is signed.

Evaluation Summary for Regular (Tenured), Contract (Probationary) and Temporary Faculty
(Academic Policies Committee 2-26-16; Academic Senate 9-14-2016)