

WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT
Form E - Appraisal Summary Conference

Semester/ Year

This report is to be completed, discussed with the appraisee, and signed by the Performance Appraisal Team following completion of all observations, surveys and review of all the appraisal components. Complete answers are expected on all forms.

Appraisee: _____ College/Div./Dept: _____

Appraisal Team Leader _____ Conference Date _____

1. Previous recommendations (if any) have been satisfactorily addressed: Yes ____ No ____ N/A ____
Comment(s)

2. Summary of strengths observed during the Performance Appraisal Process as stated in
Observations Report:

Number of observation(s) completed:

3. Summary of areas for growth observed during the Performance Appraisal Process as stated in
Observations Report:

4. Summary of strengths noted on Student Surveys:

5. Summary of areas for growth noted on Student Surveys:

6. *Note: Only for Full-Time Faculty.*

Assess and evaluate the Self-Appraisal plan.

7. *Note: Only for Regular Faculty, and Contract Faculty in Years Two (2), Three (3) and Four (4).*

Assess and evaluate the Institutional Responsibilities.

8. For Professional and Collegial Criteria A-L, affirm that the faculty member has completed the following duties and comment where appropriate. Explain any “no” responses by providing text within the comments box below.

	Yes	No	N/A or not observed
A. Demonstrate a commitment to student learning by beginning and ending classes according to schedule, holding regular office hours, and meeting student needs as professionally required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Evidence currency in the field through participation in activities such as professional conferences, workshops, seminars, webinars, presentations, professional activities, exhibitions or publications, Currency in the field may also be demonstrated by the currency of course material and teaching methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Met Record-Keeping obligations on time, e.g., grades, requisitions, schedules, census roster, textbook orders, acknowledging assignments, and, as appropriate, mandatory trackers to the assignment, and positive attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Work with classified personnel in an effective manner in those areas related to instruction and institutional goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Participate in the process of SLO assessment and evaluate and use the results of these evaluations in the process of continuously improving student learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Participate in the process of Program Review (Full-time only).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Participate in the process of creating and updating curriculum (Full-time only).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Foster an environment that protects academic freedom within the college community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Foster a positive working environment that is free from harassment, prejudice, and/or bias.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Demonstrate a respect for the dignity of each individual and with members of the college community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Foster an environment that promotes equity, inclusion, and equal opportunity for students and employees of the District.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

9. *Note: Only for Reassigned Time Assignments of 20% or more per semester*

Summary of strengths reflected in Form F - Reassigned Time Appraisal Form(s).

10. *Note: Only for Reassigned Time Assignments of 20% or more per semester*

Summary of areas for growth as reflected in Form F - Reassigned Time Appraisal Form(s).

11. Specific recommendations/concerns (if any) for the next appraisal:

12. Appraisal Team Overall Assessment:

13. **RECOMMENDATION**

(Check ONE) _____ Satisfactory _____ Needs-to-Improve* _____ Unsatisfactory*

*Explain reason for recommendation and attach a **Plan for Corrective Action**

Appraisal Team Leader:

(Print) _____

(Signature) _____

(Date) _____

Appraisal Team Members:

(Print) _____

(Print) _____

(Signature) _____

(Signature) _____

(Print) _____

(Print) _____

(Signature) _____

(Signature) _____

I (check one) _____ agree _____ disagree with the recommendations.

Appraisee: (Signature) _____ (Date) _____

Appraisee Comments:

SUPPORTING FORMS

The following forms are attached and have been submitted to the Office of Instruction's collection point:

- ☐ Pre-Appraisal Conference (Form A)
- ☐ Observations (Form B)
- ☐ Student Survey Summary (Summary of Form C)
- ☐ Self-Appraisal/Institutional Responsibilities (Form D)
- ☐ Appraisal Summary Conference (Form E)
- ☐ Reassign Time (Form F) – if applicable
- ☐ **Plan for Corrective Action** (Only for NTI or U status)

All forms will be placed in the Appraisee's official personnel file in Human Resources. Copies of all forms will be given to the Appraisee. The Student Surveys will be given to the Appraisee only after all grades have been submitted to Admissions & Records for the class sections surveyed.

I certify that the process outlined in Article 24A, 24B, or 108 was properly adhered to and completed.

Vice President or Designee Signature

Date