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Article 7 - Form A/ADJ

- Bakersfield College
- Cerro Coso College
- Porterville College

## Adjunct Faculty Evaluation Cover Sheet

Name of Faculty Member		Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring	
Department/Division/Program Area		Total Number of Pages (including cover sheet)	
<input type="checkbox"/> ADJ-1		<input type="checkbox"/> ADJ-3	<input type="checkbox"/> Special
			<input type="checkbox"/> Follow-up evaluation (due to rating of "needs improvement" in previous semester)
<b>Committee Commendation: Recommended as a model for other faculty in the following areas(s).</b>			
<input type="checkbox"/> Discipline Knowledge		<input type="checkbox"/> Facilitating the Learning Environment	
<input type="checkbox"/> Effective Teaching Methods		<input type="checkbox"/> Student Advisement/Counseling	
<input type="checkbox"/> Effective Use of Technology		<input type="checkbox"/> Special Student Needs	
<input type="checkbox"/> Institutional Participation		<input type="checkbox"/> Other _____	
<b>Performance Summary</b>			
<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Needs Improvement	
<input type="checkbox"/> Unsatisfactory			
<b>Committee Member</b>			
Faculty Chair/designee ( <i>print</i> )		( <i>Signature</i> )	Date
Additional Faculty (Chair chosen, if appropriate) ( <i>print</i> )		( <i>Signature</i> )	Date
Faculty (evaluee chosen, if appropriate) ( <i>print</i> )		( <i>Signature</i> )	Date
Educational Administrator ( <i>print</i> )		( <i>Signature</i> )	Date
<i>I certify that this report has been discussed with me and that I am aware it will be placed in my official personnel file. I understand my signature does not necessarily indicate agreement. I also understand I have ten (10) working days to respond to any material in this report and that my response will be attached to this report.</i>			
Evaluatee's Signature		Date	Comments
<b>Evaluation Packet Contents</b>			
Please include, in order:			
<input type="checkbox"/> Evaluation Committee Summary		<input type="checkbox"/> Administrative Assessment	
<input type="checkbox"/> Observations by Peers and Supervisor		<input type="checkbox"/> Faculty Service Surveys	
<input type="checkbox"/> Student Evaluations		<input type="checkbox"/> Other _____	
Vice President's Signature		Date	Comments