



2100 Chester Avenue
Bakersfield, CA 93301-4099
(661) 336-5100

Article 6 – Form A/FT

- Bakersfield College
- Cerro Coso College
- Porterville College

Full-time Faculty Evaluation Cover Sheet

Name of Faculty Member				<input type="checkbox"/> Fall <input type="checkbox"/> Spring	
Department/Division/Program Area				Total Number of Pages (including cover sheet)	
<input type="checkbox"/> Mode A Year 1	<input type="checkbox"/> Mode A Year 2	<input type="checkbox"/> Mode A Year 3	<input type="checkbox"/> Mode A Year 4		
<input type="checkbox"/> Mode B Brief	<input type="checkbox"/> Mode B Comprehensive	<input type="checkbox"/> Mode C	<input type="checkbox"/> COF or Temporary Faculty Year _____		
Committee Commendation: Recommended as a model for other faculty in the following areas(s).					
<input type="checkbox"/> Discipline Knowledge		<input type="checkbox"/> Facilitating the Learning Environment			
<input type="checkbox"/> Effective Teaching Methods		<input type="checkbox"/> Student Advisement Facilitating			
<input type="checkbox"/> Effective Use of Technology		<input type="checkbox"/> Special Student Needs			
<input type="checkbox"/> Institutional Participation		<input type="checkbox"/> Other _____			
Performance Summary					
<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Needs Improvement		<input type="checkbox"/> Unsatisfactory	
Committee Member					
Faculty Chair (<i>print</i>)		(<i>Signature</i>)		Date	
Faculty Member (<i>print</i>) (<i>department/division chosen</i>) <i>Mode A & C only</i>		(<i>Signature</i>)		Date	
Faculty Member (<i>print</i>) (<i>evaluee chosen</i>)		(<i>Signature</i>)		Date	
Other (specify) (<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		
<input type="checkbox"/> Evaluation Committee Summary		<input type="checkbox"/> Faculty Service Surveys		<input type="checkbox"/> Administrative Assessment <input type="checkbox"/> Remediation Plan (Mode "A" only, if appropriate; Form R-1/FT) <input type="checkbox"/> Other _____	
<input type="checkbox"/> Portfolio Review Comments (including Goals and Accomplishments)		<input type="checkbox"/> Administrative Assessment			
<input type="checkbox"/> Observations by Peers and Supervisor		<input type="checkbox"/> Remediation Plan (Mode "A" only, if appropriate; Form R-1/FT)			
<input type="checkbox"/> Student Evaluation Summary		<input type="checkbox"/> Other _____			
Vice President's Signature		Date	Comments		
College President's or Designee's Signature		Date	Comments		
Chancellor's or Designee's Signature		Date	Comments		