**CUESTA COLLEGE**

**DEAN/DIRECTOR EVALUATION OF HEALTH SERVICES FACULTY**

This form is to be used for all relevant parts of the evaluation process. Each section is to be filled out by a Dean or Director. The processes and procedures that govern all faculty evaluations are set forth in Article VII of the District/CCFT Collective Bargaining Agreement (C.B.A.). To find the C.B.A., point your browser to http://ccft.org/contract.htm for the on-line contract.

| **Employee:** | **Semester:**  |
| --- | --- |
| [ ]  **Regular Tenured** [ ]  **Tenure-track -** *How many semesters taught at Cuesta:* [ ]  **Temporary**  [ ]  **Full-time** **[ ]  Part-time-** *How many semesters taught at Cuesta:* [ ]  **Temporary without assignment rights -** *How many semesters taught at Cuesta:*  |
| **Evaluator(s):**  | **Observation Date:** | **Time:** | **Room #:** | **Class:**  | **Section:** |
|  |  |  |  |  |  |

**INSTRUCTIONS FOR EVALUATOR:**

1. The attached forms are to be used in the evaluation of the performance of tenured, tenure-track, or temporary faculty member**.**

2. All instructional faculty are to be evaluated pursuant to Evaluation Form Sections I, II, III, IV, and V. Sections IX (“Progress on Previous Plan for Improvement”) and VI (“Plan for Improvement”) are to be utilized **only when it is applicable to the faculty member who is being evaluated.** If a plan for improvement exists, the Dean/Director will review the previous evaluation, including the plan for improvement (C.B.A. 7.12.1.1).

3. The post-evaluation conference will consist of reviewing the peer review committee evaluation, student evaluations, the self-evaluation, the dean/director’s findings based upon (C.B.A. 7.9.1 or 7.9.2), the dean/director’s assessment of student success, and the establishment of goals to improve performance (when applicable). The completed **Dean/Director Evaluation Form** shall be signed by the faculty member being evaluated and by the appropriate dean/director (C.B.A. 7.11).

4. The term **Disagree** is synonymous with the contractual term **Needs Improvement**, and the term **Strongly Disagree** is synonymous with the contractual term **Unsatisfactory** (C.B.A. 7.12).

|  |  |
| --- | --- |
| **Strongly agree** | This rating implies that the individual's performance reflects the highest degree of productivity and effectiveness. This rating should be used to differentiate specific criteria where the individual has demonstrated exceptional ability that is especially noteworthy or markedly apparent. |
| **Agree**  | This rating implies that the individual's performance consistently meets the standards for the given criteria. The individual is consistently effective and productive. |
| **Somewhat agree** | This rating implies that the individual’s performance often meets the standard. The individual frequently is effective and productive. |
| **Disagree** **(needs improvement)** | This rating implies that the individual's performance partially meets the standards for the given criteria. There are areas of deficiency or ineffectiveness; it is expected that with increased attention to those areas, the individual's performance will subsequently meet the standards. |
| **Strongly disagree****(unsatisfactory)** | This rating implies that the individual's performance has failed to meet the standards for the given criteria. A considerable deficiency or lack of effectiveness is observed. |

**SECTION I: Dean/Director Evaluation of Health Services Faculty**

**(Please mark N/A for any of the items that do not apply; completing the “Comments” portion is optional)**

**1. This nurse is prepared and organized.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**2. This nurse presents health information and student education clearly and appropriate to assessment.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**3. This nurse shows respect for students in a non-judgmental manner.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**4. This nurse assists students in a confidential and professional manner.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**5. This nurse demonstrates currency and appropriate depth of knowledge in discipline.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**6. This nurse encourages student questions regarding their health assessment..**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**7. This nurse provides appropriate assessment, treatment, counseling, information and referrals for student health related**

**issues.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**8. This nurse completes appropriate documentation in the student health chart in a timely manner. This documentation**

**should include a brief student history, physiologic findings, nursing assessment and the treatment plan.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**9. This nurse teaches students to appreciate different perspectives on health related issues and problem solving methods.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**10. This nurse protects privacy of information and confidentiality of student health medical records per regulatory**

**guidelines.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**SECTION II: Dean/Director Evaluation of Health Services Faculty**

**1. This nurse maintains currency in one’s academic field and faculty service area (professional development).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**2. This nurse maintains a good working relationship with students.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**3. This nurse is regularly available for help during posted office hours (not required for part-time faculty).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**4. This nurse adheres to the course outline.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**5. This nurse respects student confidentiality.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**6. This nurse begins and ends class on time.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**7. This nurse meets the scheduled class or service days and hours.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**8. This nurse works collegially with other faculty and staff in the division/service area.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**9. This nurse communicates civilly with other faculty and staff in the division/service area.**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**10. This nurse attends required division meetings (not required for part-time faculty).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**11. This nurse meets divisional and/or college-wide committee/governance obligations (see Article V of current CCFT**

**contract) (not required for part-time faculty).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**12. This nurse meets divisional and college obligations on time (e.g., textbook orders, flex contracts, grades, early alert,**

**schedules, reports, and requisitions).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**13. This nurse gives final exams in accordance with the official schedule unless permission has been received from the area**

**Dean or Director to do otherwise (not applicable to faculty not teaching classes).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**14. This nurse maintains educational and professional contacts with the community when relevant to professional**

**commitments (not applicable unless specifically required by law or job description).**

1. **[ ]** strongly agree 2. **[ ]** agree  3. **[ ]** somewhat agree 4. **[ ]** disagree 5. **[ ]** strongly disagree  6. **[ ]** N/A

Comment:

**SECTION III.**  **ASSESSMENT OF STUDENT EVALUATIONS**

Provide an overall assessment and interpretation of the student evaluations. ***Written comments are required.***

**SECTION IV.**  **ASSESSMENT OF PROFESSIONAL DEVELOPMENT**

Provide an overall assessment of recent professional growth activities. ***Written comments are required****.*

**SECTION V.**  **ASSESSMENT OF INSTRUCTIONAL MATERIALS**

Provide an overall assessment in consideration of course syllabi, graded exams or papers, worksheets, handouts, etc. ***Written comments are required.***

**SECTION VI. PROGRESS ON PREVIOUS PLAN FOR IMPROVEMENT.**  Applicable only when the previous overall evaluation was “**Disagree**” (Needs Improvement) or “**Strongly Disagree**” (Unsatisfactory).

This section to be assessed by the Dean/Director.

 [ ]  Check here if a plan for improvement exists and has been reviewed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROGRESS ON PREVIOUS PLAN FOR IMPROVEMENT** | **Strongly Agree** | **Agree** | **Somewhat Agree** | **Disagree**(Needs Improvement) | **Strongly Disagree**(Unsatisfactory) | **N/A** |
| Shows progress in meeting goals and objectives for improving performance established in the previous evaluation. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Comment fully and specifically, justifying sections previously marked as “**Disagree**” (Needs Improvement) or “**Strongly Disagree**” (Unsatisfactory). Attach additional pages if necessary.

### COMMENTS:

###

### SECTION VII. OVERALL ASSESSMENT

(All faculty must be evaluated in this section)

This section to be assessed by the Dean/Director.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OVERALL ASSESSMENT** | **Strongly Agree** | **Agree** | **Somewhat Agree** | **Disagree**(Needs Improvement) | **Strongly Disagree**(Unsatisfactory) | **N/A** |
| This instructor’s performance in most, if not all areas of assessment is satisfactory | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**SECTION VIII. FACULTY PERFORMANCE NARRATIVE REVIEW**

Comment fully and specifically, justifying the overall evaluation. A summary of the Dean/Director’s findings and recommendations should be described below or attached. Comments shall include a statement of assessment of Section VII. Attach additional pages if necessary. ***Written comments are required******for a minimum of 1 of the 3 areas below***.

**Commendations:**

**Considerations:**

**Recommendations:**

**SECTION IX. PLAN FOR IMPROVEMENT.**  Applicable only when the overall evaluation is “**Disagree**” (Needs Improvement) or “**Strongly Disagree**” (Unsatisfactory).

[ ]  **Self Evaluation Form** **[ ]  Peer Evaluation Form** **[ ]  Student Evaluations**

**Applicable Signatures:**

Dean/Director Date

Dea

Faculty Member Date

The above-signed individuals have read and discussed this evaluation. Faculty member's signature acknowledges receipt of a copy of the evaluation document. It does not necessarily signify agreement. The faculty member has ten days to respond in writing to this evaluation, if desired.