RIVERSIDE COMMUNITY COLLEGE DISTRICT

IMPROVEMENT OF INSTRUCTION

One Semester/One Year Temporary

**COMMITTEE REPORT**

Faculty Member: <<Name>> Semester/Year: <<List>>

Department/Program: <<List>>

** One Semester Temporary  One Year Temporary**

In accordance with Article XI, Improvement of Instruction and Tenure Review, of the Agreement between the Riverside Community College District and the Riverside Community College Chapter CCA/CTA/NEA, the committee members reviewed written administrative and peer reviews from classroom visitations, student surveys of all classes, including distance education when applicable (or alternative instruments for non-teaching faculty), syllabi, evidence of subject-matter proficiency, established tentative professional growth goals, adherence to course outline of record; fulfillment of flex-time obligations, fulfillment of institutional service , and fulfillment of faculty expectations listed in Article XI.B.1, and the self-reflective narrative of institutional service. The outcome is as follows:

|  |  |
| --- | --- |
|  | Recommendation: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Academic Administrator’s Name>>  Chair/Administrator | Satisfactory  Need for Further Improvement |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Name>>  Member | Satisfactory  Need for Further Improvement |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Name>>  Member  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Name>>  Member | Satisfactory  Need for Further Improvement  Satisfactory  Need for Further Improvement |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <<Name>>  Department Chair or Designee | Satisfactory  Need for Further Improvement |

I have received a copy of this evaluation, and I understand that I have the right to respond in writing to any documents placed in the tenure review and evaluation record.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member