

IMPERIAL VALLEY COLLEGE
NON-CLASSROOM FACULTY OBSERVATION FORM

Faculty Member: _____ Semester: _____

Years of Faculty Experience at Imperial Valley College: _____

Date of Observation: _____ Evaluator: _____

Instructions: For non-classroom faculty, the observation should focus on how well the faculty member meets the requirements of the position based on the job description or scope of work. Areas of strength or effectiveness in meeting the job requirements should be discussed as well as any areas for improvement.

Detailed Comments: _____

Faculty Member Name Signature Date

Peer Evaluator Name Signature Date

Supervising Administrator Name Signature Date

Area VP Name Signature Date