EXHIBIT D

Faculty Evaluation Forms

For Tenure Review

And all other Faculty Evaluations

List of Faculty Evaluation Forms

Form A: Individual Tenure Review Committee (ITRC)
Form B: ITRC Evaluation and Recommendations
Form C1: Faculty Self-Assessment: Year One
Form C2 Faculty Self-Assessment
Form D: Evaluation Pre-Observation Meeting
Form E1: Classroom Observation Form
Form E2: Online Course Observation Form
Form F: Counseling Observation Form
Form G: Librarian Observation Form
Form H: Non-Classroom Faculty Observation Form
Form I: Evaluation of Duties & Responsibilities: Teaching Faculty
Form J: Evaluation of Duties & Responsibilities: Counselors
Form K: Evaluation of Duties & Responsibilities: Librarians
Form L: Evaluation of Duties & Responsibilities: Non-Classroom Faculty
Form M1: Student Evaluation of Teacher Form
Form M2: Online Student Evaluation of Teacher Form
Form N: Student Evaluation of Counselor Form
Form O: Student Evaluation of Librarian Form
Form P Student Evaluation of Non-Classroom Faculty Form
Form Q: Remediation Plan of Action Form

Evaluation Form A

IMPERIAL VALLEY COLLEGE
INDIVIDUAL TENURE REVIEW COMMITTEE MEMBERSHIP

TO: Vice President for Academic Services/Vice President for Student Services

FROM: Individual Tenure Review Committee for _____
Candidate

DATE: _____

The Candidate began Tenure Review: _____
Month/Year

_____**Original Membership** _____**Revised Membership**

As of the date above, the Individual Tenure Review Committee for the candidate consists of the following individuals:

ITRC Chair **Mark the appropriate box indicating the chair of the committee.**

_____ Department Chair or Faculty Designee Name	_____ Signature
_____ Administrative Member Name	_____ Signature
_____ Peer Faculty Member Name	_____ Signature
_____ Candidate Name	_____ Signature

Evaluation Form B

IMPERIAL VALLEY COLLEGE
TENURE REVIEW EVALUATION CHECKLIST AND RECOMMENDATIONS

Please complete this form for each year of the candidate's tenure review.
This is to certify that the required procedures for Tenure Review have been completed for the following faculty member:

Candidate _____ Date_____

YEAR of Tenure Review (please check) **ONE** **TWO** **THREE** **FOUR**

Tenure Review Events	**Events Completed (please check)**
1. Orientation Meeting with Candidate	____
2. Candidate's Self-Assessment	____
3. Observations by Committee	____
4. Student Evaluations	____
5. Evaluation of Duties & Responsibilities	____
6. Final Tenure Review Meeting	____

First or Second Contract

Evaluation Summary	**Recommendation**
_____ Exceeds Expectations	_____ Committee recommends immediate tenure
_____ Satisfactory	_____ Committee recommends additional contract
_____ Needs Improvement	_____ Committee recommends additional contract with remediation (must attach Remediation Plan of Action Form)
_____ Unsatisfactory	_____ Candidate not recommended for re-employment

Third Contract, Year Three
Evaluation Summary (*No recommendation made during third contract, year three*)

_____ Exceeds Expectations
_____ Satisfactory
_____ Needs Improvement (must attach Remediation Plan of Action form)

Third Contract, Year Four

Evaluation Summary	**Recommendation**
_____ Exceeds Expectations	_____ Committee recommends tenure
_____ Satisfactory	_____ Committee recommends tenure with remediation
_____ Needs Improvement	(must attach Remediation Plan of Action Form)
_____ Unsatisfactory	_____ Candidate not recommended for re-employment

_____ _____
Candidate Signature Member Signature

_____ _____
Member Signature Member Signature

_ _Candidate wishes to exercise his/her right to comment on any portion of the Tenure Review (attach separate document)

Evaluation Form C1

IMPERIAL VALLEY COLLEGE
FACULTY SELF-ASSESSMENT: Year One

Faculty Self-Assessments should include the faculty member's name, date of self-assessment, updated Vitae if applicable, and academic year of self-assessment.

1. Interaction with and effect on students

Describe how you work to develop a good professional working relationship with students. Describe the effects that you believe your instruction/counseling/librarianship has on students.

2. Planned efforts for maintaining professional competency

Comments may include but are not limited to such areas as classes taken, conferences, workshops, seminars, professional training, or informal learning experiences such as reading, concerts, exhibits, performances, and site visits.

3. College activities

List the college committee(s) on which you now serve or would like to serve. What areas of college governance or campus life do you think you might be interested in pursuing in the future?

4. Future professional objectives

List any plans you have for your future development as a professional. How might the college facilitate these plans?

Evaluation Form C2

IMPERIAL VALLEY COLLEGE
FACULTY SELF-ASSESSMENT

Faculty Self-Assessments should include the faculty member's name, date of self-assessment, updated Vitae if applicable, and academic year of self-assessment.

In all of the following areas as appropriate, state the degree to which you successfully completed the planned efforts stated in the previous self-assessment.

1. **Interaction with and effect on students**
   Describe how you work to develop a good professional working relationship with students. Describe the effects that you believe your instruction/counseling/librarianship has on students.

2. **Contributions to the college or your profession**
   Describe any special assignments, performances given, exhibits presented, professional positions held, honors earned, educational materials or curriculum developed, or educational methods improved in your role as a faculty member at IVC.

3. **College Activities**
   List the college committee(s) on which you now serve or have recently served. Include your level of participation, including offices held, sub-committees, and special assignments. List any other campus activities you have participated in. What areas of college governance or campus life do you think you might be interested in pursuing in the future?

4. **Planned efforts for maintaining professional competency**
   Comments may include but are not limited to such areas as classes taken, conferences, workshops, seminars, professional training, or informal learning experiences such as reading, concerts, exhibits, performances, and site visits.

5. **Future Professional Objectives**
   List any plans you have for your future development as a professional. How might the college facilitate these plans?

Evaluation Form D (optional)

IMPERIAL VALLEY COLLEGE
EVALUATION PRE-OBSERVATION MEETING

Name of Faculty Member: _____

Date of Planned Observation: _____

Department & Discipline/Area: _____

Faculty Member's Status (circle): Tenure Review Full-Time Permanent Full-Time Temporary Part-time

Name of Evaluator: _____

The Evaluator provided a blank copy of the appropriate form that will be used during the Observation. ____Yes

1. Type and subject of activity or topic to be observed?

2. What tools or techniques does the faculty member intend to use during the activity or topic being observed?

3. What will the evaluator be looking for during this observational period?

The Faculty member has provided relevant documentation to the Evaluator, such as the course syllabus, outline, assignment sheet, and/or work objectives to determine that the activity observed is appropriate to the environment. ____Yes

Faculty Member Name	Signature	Date
Evaluator Name	Signature	Date

Evaluation Form E1

IMPERIAL VALLEY COLLEGE
CLASSROOM OBSERVATION FORM

Faculty Member: _____ Semester: _____

Faculty Member's Status (circle): Tenure Review Full-Time Permanent Full-Time Temporary Part-time

Date of Observation: _____ Evaluator: _____

Directions: *Throughout this form, comments are required and should detail specific observations. Leave areas blank and make a note when no basis for evaluation has been provided during the classroom observation.*

Course Number and Name: _____

Topic of Observed Session: _____

Instructional Techniques Being Used *(check all that apply):*

___lecture ___discussion ___audiovisual
___group activity ___laboratory ___individual student assistance
___ other

Comments: _____

Directions: *For each of the following sections, a numerical score should be identified using the following scale:*

5 Exceptional, Exceeds Expectations
4 Very Effective
3 Above Average
2 Competent
1 Marginal or Unsatisfactory
0 Not Applicable

1. Organization and Preparation for Teaching:

A. Goals (Clearly Stated or Written; relevant to larger goals; connected to other planned activities)

No apparent goal for the session	0	1
Some recognizable goals detected	2	3
Clearly defined goals	4	5

Comments:

_____

_____

_____

B. Organization of Lesson (Organized progression from each activity to the next)

No evidence of prior preparation	0	1
Evidence of some preparation	2	3
Creative planning	4	5

Comments:

_____

_____

_____

C. Classroom Management (Use of classroom time, punctuality, control of classroom)

Faculty member struggles to gain control of the class	0	1
Activities and order require effort by instructor	2	3
Class activities begin on time in an orderly matter	4	5

Comments:

_____

_____

_____

D. Organization of Written Materials (Written documentation and materials support instruction)
Faculty Member must provide to the Evaluator a course syllabus, a sample assignment, and a sample examination for the class being observed.

Unclear, confusing, critical information missing	0	1
Discernible organization, informative	2	3
Extremely well organized, very informative	4	5

Comments:

_____

_____

_____

2. Teaching Effectiveness:

A. Subject Matter Expertise (Faculty member's demonstrated knowledge of the material being presented)

Appears to be unprepared in the subject being covered	0	1
Demonstrates an adequate understanding of the subject	2	3
Demonstrates a broad mastery (knowledge) of the field	4	5

Comments:

_____

_____

_____

B. Teaching Skills and Strategies (Displays creative and appropriate techniques and strategies for conveying the material)

Techniques detract from accomplishing the class objectives	0	1
Techniques adequately support the class objectives	2	3
Techniques are creative and effective in meeting class objectives	4	5

Comments:

_____

_____

_____

C. Presentation and Delivery (Awareness of demeanor, vocabulary, and articulation)

Lacks enthusiasm, relies too heavily upon notes, inappropriate language	0	1
Generally clear and understandable, good vocabulary and voice	2	3
Clear, enthusiastic, well poised and direct, suitable vocabulary and voice	4	5

Comments:

_____

_____

_____

3. Student Relationships:

A. Student Attention and Engagement (Evidence of active engagement and participation by students)

Little to no student engagement evident	0	1
Some student engagement and participation	2	3
Meaningful and active student engagement	4	5

Comments:

_____

_____

_____

B. Learning Environment (Creates an environment conductive to Learning)

Apparent negative attitude toward students, uncomfortable environment	0	1
Is helpful to students when called upon, neutral environment	2	3
Seeks ways to be of assistance to students, positive environment	4	5

Comments:

_____

_____

_____

Overall Evaluation Results (should include positive statements as well as any areas for improvement):

_____

_____

_____

_____

Faculty Member Name	Signature	Date
Evaluator Name	Signature	Date
Supervising Administrator Name	Signature	Date
VP for Academic Services Name	Signature	Date

Evaluation Form E2

IMPERIAL VALLEY COLLEGE
ONLINE COURSE OBSERVATION FORM

Faculty Member: _____ Semester: _____

Faculty Member's Status (circle): Tenure Review Full-Time Permanent Full-Time Temporary Part-time

Date of Observation: _____ Evaluator: _____

Directions: *Throughout this form, comments are required and should detail specific observations. Leave areas blank and make a note when no basis for evaluation has been provided during the classroom observation.*

Course Number and Name: _____

Week/Module/Unit Observed: _____
One week or module/unit of the course will be observed. Faculty is encouraged to provide any other information that will help the evaluator complete the observation form (e.g. course orientation, extra support resources, etc.)

Comments: _____

Directions*: For each of the following sections, a numerical score should be identified using the following scale:*

5	*Exceptional, Exceeds Expectations*	*2*	*Competent*
4	*Very Effective*	*1*	*Marginal or Unsatisfactory*
3	*Above Average*	*0*	*Not Applicable*

1. Organization and Preparation for Teaching:

A. Goals (Clearly Stated or Written; relevant to larger goals; connected to other planned activities)

No apparent goal for the week/module/unit	0	1
Some recognizable goals detected	2	3
Clearly defined goals	4	5

Comments:

_____

_____

_____

B. Organization of Lesson (Content is presented in manageable segments; content is easily navigated and flows in a logical progression.)

No evidence of prior organization	0	1
Evidence of some organization	2	3
Creative and clear organization	4	5

Comments:

_____

_____

_____

C. Use of LMS Tools (Appropriate tools are used to enhance content discussions, quizzes, NetTutor, etc.)

Lack of varied tools used	0	1
Some tools are used	2	3
Variety of tools appropriately used	4	5

Comments:

_____

_____

_____

D. Organization of Written Materials (Written documentation and materials support instruction)
The Evaluator must have access to a full week of instruction, which at minimum includes an introduction to the week, an assignment, an examination or quiz, a discussion, and the course syllabus.

Unclear, confusing, critical information missing	0	1
Discernible organization, informative	2	3
Extremely well organized, very informative	4	5

Comments:

_____

_____

_____

2. Teaching Effectiveness:

A. Subject Matter Expertise (Faculty member's demonstrated knowledge of the material being presented)

Lack of expertise in the subject area in presenting and explaining content	0	1
Adequate expertise in the subject area through instructor prepared lecture materials and/or introduction to content	2	3
Superior expertise in the subject area through instructor prepared lecture materials and/or introduction to content	4	5

Comments:

_____

_____

_____

B. Teaching Skills and Strategies (Displays creative and appropriate techniques and strategies for conveying the material)

Techniques detract from accomplishing the class objectives	0	1
Techniques adequately support the class objectives	2	3
Techniques are creative and effective in meeting class objectives	4	5

Comments:

_____

_____

_____

C. Communication and Rapport (Course demonstrates a sense of community with students and instructor)

The course does not allow students to ask questions, announcements are not used	0	1
The course allows students to ask questions in a place, announcements are sometimes used	2	3
The course allows students to ask questions in various places, announcements are regularly used	4	5

Comments:

_____

_____

_____

3. Student Interaction:

A. Regular Effective Contact/Interaction (Evidence of faculty to student interaction through discussions, announcements, etc.)

Instructor does not provide adequate Regular Effective Contact	0	1
Instructor initiates minimal interaction with students	2	3
Instructor initiates interaction with students throughout the week of instruction	4	5

Comments:

_____

_____

_____

B. Learning Environment (Creates an environment of student-to-student interaction)

Instructor does not develop a sense of community in the course; student-to-student interaction has not been integrated	0	1
Instructor provides occasional opportunities for student-to-student interaction	2	3
Instructor develops a strong sense of community in the course by providing opportunities for student-to-student interaction	4	5

Comments:

_____

_____

_____

Overall Evaluation Results (should include positive statements as well as any areas for improvement):

_____

_____

_____

Faculty Member Name	Signature	Date
Peer Evaluator Name	Signature	Date
Supervising Administrator Name	Signature	Date
VP for Academic Services Name	Signature	Date

Evaluation Form F

IMPERIAL VALLEY COLLEGE
COUNSELING OBSERVATION FORM

Counselor: _____ Semester: _____

Years of Counseling Experience at Imperial Valley College: _____

Date of Observation: _____ Evaluator: _____

Scoring: NA = Not Applicable 2 = Fair 4 = Good
1 = Needs Development 3 = Competent 5 = Exceeds Standards

	NA	1	2	3	4	5
Is prepared with appropriate materials for counseling session.						
Makes effective use of time in counseling session (e.g., logical flow, finishes within time allotted, etc.).						
Eliminates distractions during session (e.g., phone, interruptions, etc.).						
Demonstrates rapport building efforts (e.g., non-verbal behaviors, greeting students, providing privacy, awareness of and sensitivity to issues pertaining to cultural diversity).						
Demonstrates effective communication skills (e.g., active listening, accurate feedback, etc.).						
Assists students in the process of making decisions regarding academic and career goals.						
Determines student needs in terms of information (what do they know, what do they need to know, etc.).						
Demonstrates ability to meet student needs in a crisis situation (e.g., has ability to remain calm, assesses immediacy of the situation and responds appropriately, etc.).						
Solicits student feedback regarding effectiveness of session.						
Reviews transcripts to facilitate advisement (e.g., determines appropriate placement, determines career options, etc.).						
Reviews and evaluates academic records to (1) determine status and/or (2) to determine course equivalencies.						
Actively listens and checks for understanding.						
Acknowledges feedback, then responds accordingly.						
Provides feedback.						
Demonstrates knowledge of academic counseling as it pertains to transfer or occupational programs.						
Assists students in filling out a variety of forms (electronic or paper).						
Utilizes academic counseling resources and is knowledgeable on existing resource/reference tools (e.g., ASSIST, SARS, DegreeWorks, CSU, UC, College Source, Starfish, ADT's, etc.).						
Overall Ranking (only one score):						

Evaluation Form F
Page 2

Summary Comments: _____

Faculty Member Name	Signature	Date
Peer Evaluator Name	Signature	Date
Supervising Administrator Name	Signature	Date
VP for Student Services Name	Signature	Date

Evaluation Form G

IMPERIAL VALLEY COLLEGE
LIBRARIAN OBSERVATION FORM

Librarian: _____ Semester: _____

Years of Librarian Experience at Imperial Valley College: _____

Date of Observation: _____ Evaluator: _____

1. Conducts reference interview and follow-up

   Comments:

2. Knows and follows Reference Desk and Library policies

   Comments:

3. Acts in a manner that encourages patrons to ask questions

   Comments:

4. Exhibits knowledge of reference sources, continues to develop knowledge of collections and resources

   Comments:

5. Exhibits teamwork regarding reference requests and library operations

   Comments:

Evaluation Form G
page 2

Summary Comments: _____

Faculty Member Name	Signature	Date
Peer Evaluator Name	Signature	Date
Supervising Administrator Name	Signature	Date
VP for Academic Services Name	Signature	Date

Evaluation Form H

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 the position description.

Summary Comments: _____

Faculty Member Name	Signature	Date
Peer Evaluator Name	Signature	Date
Supervising Administrator Name	Signature	Date
Area VP Name	Signature	Date

Evaluation Form I

IMPERIAL VALLEY COLLEGE
EVALUATION OF DUTIES AND RESPONSIBILITIES
TEACHING FACULTY

Faculty Member: _____ Semester: _____

Scoring: NA = Not Applicable; 1 = Needs Development; 2 = Fair; 3 = Competent; 4 = Good; 5 = Exceeds Standards

		Mark Appropriate Response					
I.	**Performance of professional responsibilities:**	NA	1	2	3	4	5
	A. Holds class consistently as scheduled						
	B. Maintains and submits appropriate records						
	C. Posts and maintains regular office hours						
	D. Participates in the development, assessment, and evaluation of student learning outcomes as appropriate						
	E. Other professional responsibilities						
Comments:							

		Mark Appropriate Response					
II.	**Performance of departmental and campus duties:**	NA	1	2	3	4	5
	A. Attends appropriate division, department, or office meetings						
	B. Serves on campus committee(s)						
	C. Other departmental or campus duties						
Comments:							

Faculty Member Name	Signature	Date
Evaluator Name	Signature	Date

Evaluation Form J

IMPERIAL VALLEY COLLEGE
EVALUATION OF DUTIES AND RESPONSIBILITIES
COUNSELORS

Faculty Member: _____ Semester: _____

Scoring: NA = Not Applicable; 1 = Needs Development; 2 = Fair; 3 = Competent; 4 = Good; 5 = Exceeds Standards

		Mark Appropriate Response					
I.	**Performance of professional responsibilities:**	NA	1	2	3	4	5
	A. Maintains appropriate records and documentation						
	B. Maintains accurate and appropriate data entry						
	C. Posts and maintains appointment schedule						
	D. Participates in the development, assessment, and evaluation of student learning outcomes/service area outcomes as appropriate						
	E. Other professional responsibilities						
Comments:							

		Mark Appropriate Response					
II.	**Performance of departmental and campus duties:**						
	A. Attends appropriate division, department, or office meetings						
	B. Serves on campus committee(s)						
	C. Other departmental or campus duties						
Comments:							

Faculty Member Name	Signature	Date
Evaluator Name	Signature	Date

Evaluation Form K

IMPERIAL VALLEY COLLEGE
EVALUATION OF DUTIES AND RESPONSIBILITIES
LIBRARIANS

Faculty Member: _____ Semester: _____

Scoring: NA = Not Applicable; 1 = Needs Development; 2 = Fair; 3 = Competent; 4 = Good; 5 = Exceeds Standards

		Mark Appropriate Response					
I.	**Performance of professional responsibilities:**	NA	1	2	3	4	5
	A. Performs specific duties as directed						
	B. Participates in regular improvement of area						
	C. Conducts reference interviews in person, online, and by telephone						
	D. Maintains reference desk hours						
	E. Conducts workshops or training						
	F. Participates in the development, assessment, and evaluation of student learning outcomes/service area outcomes as appropriate						
	G. Attends optional professional organization activities						
Comments:							

		Mark Appropriate Response					
II.	**Performance of departmental and campus duties:**	NA	1	2	3	4	5
	A. Attends appropriate division, department, or office meetings						
	B. Serves on campus committee(s)						
	C. Other departmental or campus duties						
Comments:							

Faculty Member Name _____ Signature _____ Date _____

Evaluator Name _____ Signature _____ Date _____

Evaluation Form L

IMPERIAL VALLEY COLLEGE
EVALUATION OF DUTIES AND RESPONSIBILITIES
NON-CLASSROOM FACULTY

Faculty Member: _____ Semester: _____

Scoring: NA = Not Applicable; 1 = Needs Development; 2 = Fair; 3 = Competent; 4 = Good; 5 = Exceeds Standards

		Mark Appropriate Response					
I.	**Performance of professional responsibilities:**	NA	1	2	3	4	5
	A. Performs specific duties as directed						
	B. Participates in regular improvement of area						
	C. Posts and maintains regular office hours						
	D. Conducts workshops or training						
	E. Participates in the development, assessment, and evaluation of student learning outcomes/service area outcomes as appropriate						
	F. Attends optional professional organization activities						
Comments:							

		Mark Appropriate Response					
II.	**Performance of departmental and campus duties:**	NA	1	2	3	4	5
	A. Attends appropriate division, department, or office meetings						
	B. Serves on campus committee(s)						
	C. Other departmental or campus duties						
Comments:							

Faculty Member Name _____ Signature _____ Date _____

Evaluator Name _____ Signature _____ Date _____

Evaluation Form M1

IMPERIAL VALLEY COLLEGE
STUDENT EVALUATION OF TEACHER FORM

Instructor: _____ Course: _____ Date: _____

One of the major responsibilities of the college is to promote good teaching standards among the faculty. Students are among the best qualified to judge an instructor's teaching effectiveness and to offer suggestions for improvement.

Please take the time to provide feedback for your instructor in this course. Evaluate both the course and the instructor by using this form. These evaluations are completely confidential. Please be thoughtful and candid in your responses.

The Course:	Poor	Below Average	Average	Good	Excellent
1. Provides an accurate syllabus with a reading schedule					
2. Defines Student Learning Outcomes as noted in the class syllabus					
3. Explanation of grading policies and expectations for the course					
4. Organization and clarity of lectures					
5. Clarity and appropriateness of tests to subject matter					
6. Fairness of grading					
7. Clarity of assignments					

The Instructor:	Poor	Below Average	Average	Good	Excellent
8. Showed an interest in the subject					
9. Encouraged students to ask questions and participate in class discussions					
10. Encouraged individual thinking and differences of opinion					
11. Spoke clearly					
12. Clarity of assignments					
13. Was accessible for individual conferences and office hours					
14. Was interested in and respectful to students					
15. Convened and dismissed class on time					
16. Explained difficult parts of the material clearly					
17. Was reasonably prompt in returning student papers					
18. Would you recommend this instructor to a student like yourself?	Yes			No	

Comments: _____

Evaluation Form M2

IMPERIAL VALLEY COLLEGE
STUDENT EVALUATION OF TEACHER FORM
Online Course

Instructor: _____ Course: _____ Date: _____

One of the major responsibilities of the college is to promote good teaching standards among the faculty. Students are among the best qualified to judge an instructor's teaching effectiveness and to offer suggestions for improvement.

Please take the time to provide feedback for your instructor in this course. Evaluate both the course and the instructor by using this form. These evaluations are completely confidential. Please be thoughtful and candid in your responses.

The Course:	Poor	Below Average	Average	Good	Excellent
1. Provides an accurate syllabus with a reading schedule					
2. Defines Student Learning Outcomes as noted in the class syllabus					
3. Explanation of grading policies and expectations for the course					
4. Organization and clarity of online course					
5. Clarity and appropriateness of tests to subject matter					
6. Fairness of grading					
7. Clarity of assignments					

The Instructor:	Poor	Below Average	Average	Good	Excellent
8. Showed an interest in the subject					
9. Encouraged students to ask questions					
10. Encouraged individual thinking and differences of opinion					
11. Was accessible for individual conferences and office hours					
12. Was interested in and respectful to students					
16. Explained difficult parts of the material clearly					
14. Was reasonably prompt in returning student assignments					
15. Was active in the class each week, i.e., posted announcements, replied to messages/emails, graded assignments, etc.					
16. Would you recommend this instructor to a student like yourself?	Yes			No	

Comments: _____

_____

_____

Evaluation Form N

IMPERIAL VALLEY COLLEGE
STUDENT EVALUATION OF COUNSELOR FORM

Counselor: _____ Date: _____

Please answer the following questions. Your honest answers will help improve counseling services to all students.

	Poor	Below Average	Average	Good	Excellent
1. Please rate the level of interest and concern shown by the counselor for your questions and/or concerns.					
2. Please rate the level of knowledge demonstrated by the counselor about your academic interest or problem.					
3. Please rate your counselor's ability to explain your options and/or answer your questions in a way which you understood.					
4. Please rate your overall satisfaction with this counselor.					

	Circle Yes or No	
5. Did you receive prompt and courteous service from your counselor?	Yes	No
6. Were all of your questions answered when you met with the counselor?	Yes	No
7. Did the counselor provide information on various options available to you in reaching your educational goal(s)?	Yes	No
8. Would you choose to see this counselor again?	Yes	No

9. What suggestions would you make to improve counseling services to students?

Evaluation Form O

IMPERIAL VALLEY COLLEGE
STUDENT EVALUATION OF LIBRARIAN FORM

Librarian: _____ Date: _____

Thank you for taking the time to circle your answers and give us any anonymous feedback that will improve our library orientation and training sessions.

	Agree	Neutral/ Undecided	Disagree
1. The librarian met the class on time, was enthusiastic, and used the allocated time effectively.			
2. The librarian's presentation style held my interest and was appropriate for the situation.			
3. The librarian was well-prepared for the orientation and knew the subject.			
4. The librarian adapted to changing situations during the orientation, answered questions, and made students feel welcome.			
5. The librarian included learning methods such as hands-on searching of databases that helped me understand how to use the library and its resources.			
6. The online database I think I will find most useful is a. EBSCOhost b. ProQuest c. Other: _____			

7. What were the strengths of the orientation? What did you like best?

8. What were the weaknesses in the orientation? What did you dislike, and do you have any suggestions?

Evaluation Form P

IMPERIAL VALLEY COLLEGE
STUDENT EVALUATION OF NON-CLASSROOM FACULTY

Faculty Member: _____ Date: _____

Please answer the following questions. Your honest answers will help improve services to all students.

	Poor	Below Average	Average	Good	Excellent
1. Please rate the level of interest and concern shown by the faculty member for your questions and/or concerns.					
2. Please rate the level of knowledge demonstrated by the faculty member about your academic interest or problem.					
3. Please rate the faculty member's ability to explain your options and/or answer your questions in a way which you understood.					
4. Please rate your overall satisfaction with this faculty member.					

	Circle Yes or No	
5. Did you receive timely and accurate information?	Yes	No
6. Were all of your questions answered adequately?	Yes	No
7. Did the faculty member provide information on other services available to you from this department?	Yes	No
8. Would you recommend the services of this faculty member to others?	Yes	No

9. Other comments or suggestions?

Evaluation Form Q

IMPERIAL VALLEY COLLEGE
REMEDIATION PLAN OF ACTION FORM

Faculty Member: _____ Semester: _____

Years of Experience in Current Position: _____ Date: _____

Actions to be performed by Faculty Member: *(Be specific, giving dates for completion to ensure that goals are attainable in the time limit specified.)*

Actions to be performed by Evaluator(s) (ITRC or Administrator as applicable)**:** *(Be Specific.)*

Faculty Member Name	Signature	Date
Supervising Administrator Evaluator Name	Signature	Date
IVC/CCA/CTA/NEA Representative Name	Signature	Date
Area VP Name	Signature	Date