#### APPENDIX D-2 (a)

## (ARTICLE IX – EVALUATION – D2, p.35)

### CLASSROOM VISITATION FORM

| Faculty             | y Member's Name  |                        |                             |           |          |                     |            |          |  |
|---------------------|--|------------------------|-----------------------------|-----------|----------|---------------------|------------|----------|--|
| College             | e: I   | Department: _          |                             |           |          |                     |            |          |  |
| Date o              | f Visitation:  |                        |                             |           |          |                     |            |          |  |
|                     | the following key, indicate the degre<br>g the appropriate category. Mark yo |                        |                             | with th   | e statem | ents list           | ed below   | by       |  |
| SA - Strongly Agree |  | – Agree                | N – Neither Agr             |           |          |                     | r Disagre  | ee       |  |
| D – Disagree        |  | SD – Strongly Disagree |                             |           | NA -     | NA – Not applicable |            |          |  |
| 1.                  | The instructor seemed to be conce<br>whether the students learned the        |                        | SA                          | A         | N        | D                   | SD         | NA       |  |
| 2.                  | The instructor encouraged studen express opinions.                           | ts to                  | SA                          | A         | N        | D                   | SD         | NA       |  |
| 3.                  | The instructor appeared receptive ideas and others' viewpoints.              | to new                 | SA                          | A         | N        | D                   | SD         | NA       |  |
| 4.                  | The student had an opportunity to questions.                                 | ask                    | SA                          | A         | N        | D                   | SD         | NA       |  |
| 5.                  | The instructor generally stimulate discussion.                               | d class                | SA                          | A         | N        | D                   | SD         | NA       |  |
| 6.                  | The instructor covered appropriat of material.                               | e amount               | SA                          | A         | N        | D                   | SD         | NA       |  |
| 7.                  | The instructor appeared to relate to concepts in a systematic manner.        | the course             | SA                          | A         | N        | D                   | SD         | NA       |  |
| 8.                  | The class was well-organized.  |                        | SA                          | A         | N        | D                   | SD         | NA       |  |
| ADDIT               | TIONAL REMARKS (OPTIONAL)  |                        |                             |           |          |                     |            |          |  |
|                     |  |                        | This i                      | s to cert | ify that | I have re           | ead this d | ocument. |  |
| DGCE Chair          |  |                        | Signature of Faculty Member |           |          |                     |            |          |  |
| Date                |  |                        | Date                        |           |          |                     |            | _        |  |

### APPENDIX D-3

# (ARTICLE IX - EVALUATION - D3, p.35)

### COMPREHENSIVE RESUME FORM

| Faculty Member's Name: |   |  |  |  |  |
|------------------------|---|--|--|--|--|
| Colleg                 | ge: Date:   |  |  |  |  |
| Use tl                 | nis checklist to indicate what materials are included with this resume.                           |  |  |  |  |
|                        | 1.Official transcripts of additional course work completed since last evaluation.                 |  |  |  |  |
|                        | 2. Progress reports from authorities supervising or directing advanced study. (where appropriate) |  |  |  |  |
|                        | 3. Bibliography of published works.   |  |  |  |  |
|                        | 4. Documentation of other professional activities.  |  |  |  |  |
|                        |   |  |  |  |  |

This form must be attached to an updated comprehensive resume.

## APPENDIX D – 4

## (ARTICLE IX – EVALUATION – E(2), P. 36)

### FORM FOR EVALUATION BY DGCE CHAIR

| Facult   | y Member's Name:               |                  |   |       |  |  |  |  |  |
|--|--------------------------------|------------------|---|-------|--|--|--|--|--|
| Colleg   | e:                             | _ Department:    |   |       |  |  |  |  |  |
| Date o   | of Last Evaluation:            |                  |   |       |  |  |  |  |  |
| Date o   | f This Evaluation:             |                  |   |       |  |  |  |  |  |
| DIRE   | CTIONS:                        |                  |   |       |  |  |  |  |  |
| Evalua   | ate each faculty member on Ite | ems A through C. |   |       |  |  |  |  |  |
| CRITE  | ERIA:                          |                  |   |       |  |  |  |  |  |
| A.   | Teaching Effectiveness (Arti   | icle IX, p. 33)  |   |       |  |  |  |  |  |
| В.   | Course Advising (Article IX,   | , 1b, p.33)      |   |       |  |  |  |  |  |
| C. Other Instructional Obligations (Article IX, p. 33) |                                |                  |   |       |  |  |  |  |  |
|  |                                |                  | This is to certify that I lead this document. | nave  |  |  |  |  |  |
| Signature of DCGE Chair                                |                                |                  | Signature of Faculty Me                       | ember |  |  |  |  |  |
|  |                                |                  | <br>Date                                      |       |  |  |  |  |  |