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| 415B2 0 2 2 - 2 0 2 5 F A C U L T Y C O N T R A C T | | | | |
| 416BH.12: PROBATIONARY FACULTY TEAM RESPONSIBILITIES | | | |  |
| 418BAdjunct | 419BProb. | 420BRegular | 421BDept. Chair | 422B◼ Probationary Faculty Team Responsibilities |
|  | 424x |  |  | 426B◼ Mt. San Antonio College ◼ |

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| Professor: | Click or tap here to enter text. | | Date: | Click or tap to enter a date. | | | | | | | | |
|  | | | | | | | | | | | | |
| Department: | Click or tap here to enter text. | Completing Year: | | |  | 1 |  | 2 |  | 3 |  | 4 |

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| **Evaluation Team** | | | |
| Manager: | Click or tap here to enter text. | Faculty: | Click or tap here to enter text. |
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| **Evaluation Process** | | |  | | |  |
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| **A. Classroom Visitations** | | | | | | |
|  | | Year 1: By the end of week 6 (fall semester) | | Year 3: By the end of fall semester | | |
|  | | Year 2: By the end of week 12 (fall semester) | | Year 4: As needed | | |
|  | Assignments: | | |  | | |
|  | | Team Member | |  | Class/Activity | | |
|  | | Click or tap here to enter text. | |  | Click or tap here to enter text. | | |
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|  | | * Classroom visitations shall be announced and documented at least two (2) days prior to the visit. (18.A.2.) * Observation of the faculty member’s educational activities will be followed as promptly as possible by consultation or written communication in order to discuss the observation. (18.A.3.) | | | | | |
| **B. Student Evaluations** | | | | | | | |
|  | | | Year 1: By the end of week 12 (fall semester) | Year 3: By the end of week 12 (fall semester) | | | |
|  | | | Year 2: By the end of week 12 (fall semester) | Year 4: As needed | | | |
|  | Assignments: | | |  | | | |
|  | | | Team Member |  | | Class/Activity |
|  | | | Click or tap here to enter text. |  | | Click or tap here to enter text. |
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| **C. Portfolio Evaluation** (Please indicate team members responsible for portfolio review.) | | | | | | | |
|  | | | Year 1: By the end of week 12 (fall semester) | Year 3: Not applicable | | | |
|  | | | Year 2: By the end of week 12 (fall semester) | Year 4: Not applicable | | | |
|  | Assignments: | | | |  | | | |
|  | | | Team Member |  | |  | | |
|  | | | Click or tap here to enter text. |  | | Click or tap here to enter text. | | |
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| **D. Peer Evaluations** | | | |
|  | | To be completed by the end of the fall semester. (Recommended by week 12.) | |
|  | Responsible Team Member: | | Click or tap here to enter text. |
| **E. Administrative Evaluation** | | | |
|  | | To be completed by the end of the fall semester. | | |
|  | Responsible Team Member: | | Click or tap here to enter text. |

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| **F. Summary Evaluation** | | | | |
|  | | To be completed by the evaluation team. | | | |
|  | | Includes: | * Peer evaluation summary, * student evaluation summary,   + portfolio evaluation summary (years 1 and 2),   + classroom visitation summary (if applicable),   + counseling visitation summary (if applicable),   + administrative responsibilities evaluation,   + faculty self-evaluation, and   + yearly report of supplemental hours. | | | |
|  | Date and time: | | Click or tap here to enter text. | |
|  |  | | |  |
|  | Year 1: By the end of the fall semester | | | Year 3: By the end of week 6 of the spring semester |
|  | Year 2: By the end of the fall semester | | | Year 4: By the end of the fall semester |
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| **G. Responses to Prescriptives (if applicable)** | | | | |
|  | | Must be addressed in writing by the probationary faculty member and the evaluation team must respond before completing the subsequent year evaluation. | | |
| **H. Evaluation Conference** | | | | |
|  | Date and time: | | Click or tap here to enter text. | |
|  |  | |  | |
|  | Year 1: By the end of the fall semester | | | Year 3: By the end of week 6 of the spring semester |
|  | Year 2: By the end of the fall semester | | | Year 4: By the end of the fall semester |

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| **I.** | **SIGNATURES:** |

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|  | Click or tap here to enter text. |  | Click or tap to enter a date. |
|  | Probationary Faculty Member  Click or tap here to enter text. |  | Date  Click or tap to enter a date. |
|  | Administrator  Click or tap here to enter text. |  | Date  Click or tap to enter a date. |
|  | Team Member  Click or tap here to enter text. |  | Date  Click or tap to enter a date. |
|  | Team Member  Click or tap here to enter text. |  | Date  Click or tap to enter a date. |
|  | Team Member  Click or tap here to enter text. |  | Date  Click or tap to enter a date. |
|  | Team Member |  | Date |

Distribution:

Faculty Member

Division Office

Personnel File