

CLASSROOM TEACHING FACULTY  
SITE VISIT REPORT

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Name \_\_\_\_\_ Date \_\_\_\_\_  
Assignment \_\_\_\_\_ Status: Temporary \_\_\_ Regular \_\_\_ Hourly \_\_\_  
Campus \_\_\_\_\_ Contract 1 \_\_\_ Contract 2 \_\_\_

*The primary purpose of evaluation is to assist in the continued maintenance and improvement of the traditional high quality of faculty performance in service to the students and the District.*

*The following items should be considered in the evaluation process. Positive comments should be included. Any comment which indicates a need for improvement must be specific in describing the deficiency noted.*

*Extra sheets may be added to this form if needed. This form should be completed and forwarded to the chair of your evaluation committee.*

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REPORT OF WORK SITE VISIT

Date of site visit \_\_\_\_\_

- A. NATURE OF WORK IN PROGRESS: Describe.
- B. PHYSICAL CONDITION OF THE WORK SITE: List any inadequate conditions of the work site beyond the control of the faculty member. Examples: Lighting, heating ventilation, other. (Response to this item ONLY should be forwarded by the Evaluation Committee Chair to the Vice President of Administrative Services.)

- C. PRESENTATION: Provide comments on the following.  
Voice and delivery:

Content consistent with course objectives and outline:

Use of teaching aids or other appropriate audio/visual, demonstration equipment, chalkboard, etc.:

- D. FACULTY/STUDENT RAPPOR: Provide comments on the following based on your observations.  
Student reaction:

Student comprehension:

Student participation:

E. CLASSROOM PRESENTATION CONTENT: To be completed ONLY by the peer evaluator from the same department/discipline as the faculty member being evaluated.

The content of the information/direction given to the student was:

- \_\_\_\_\_ Current      \_\_\_\_\_ Adequate      \_\_\_\_\_ Outdated  
\_\_\_\_\_ Organized      \_\_\_\_\_ Adequate      \_\_\_\_\_ Disorganized  
\_\_\_\_\_ Consistent with program objective      \_\_\_\_\_ Not consistent with program objective

Explain your responses:

F. COMMENTS ON SITE VISIT ONLY:

1. Check the responses which best describe the faculty member you are evaluating.

A. Prepared for classes taught

\_\_\_\_\_ Always      \_\_\_\_\_ Usually      \_\_\_\_\_ Seldom      \_\_\_\_\_ Never

B. Class meetings being held as scheduled

\_\_\_\_\_ Always      \_\_\_\_\_ Usually      \_\_\_\_\_ Seldom      \_\_\_\_\_ Never

C. Necessary paperwork processed in a timely, accurate, and appropriate manner

\_\_\_\_\_ Always      \_\_\_\_\_ Usually      \_\_\_\_\_ Seldom      \_\_\_\_\_ Never

D. Colleagues and staff treated in a professional manner

\_\_\_\_\_ Always      \_\_\_\_\_ Usually      \_\_\_\_\_ Seldom      \_\_\_\_\_ Never

E. Students treated with sensitivity

\_\_\_\_\_ Always      \_\_\_\_\_ Usually      \_\_\_\_\_ Seldom      \_\_\_\_\_ Never

F. Participates in instruction related and student support activities

\_\_\_\_\_ Always      \_\_\_\_\_ Usually      \_\_\_\_\_ Seldom      \_\_\_\_\_ Never

2. Suggestions for improvement in areas where need for improvement was indicated.

3. Overall comments.

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Evaluatee's Signature \_\_\_\_\_ Date \_\_\_\_\_