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|  | **Section 1 Part-Time Faculty (Evaluatee)/Observer Info** |
| **OBSERVER /  EVALUATEE** |  |
|  | Evaluatee Name: |  |  | Semester: |  |  |
|  |  |  |  |  |  |  |
|  | Course Observed: |  |  | Class Location: |  |  |
|  |  |  |  |  |  |  |
|  | Trained FacultyObserver Name: |  |  | Date Observed: |  |  |
|  | (TFO) |  |  |  |  |  |
|  | I recommend the supervising administrator follow up with additional observation [ ]  Yes [ ]  No |  |
|  |  |
|  | Attached forms in support of evaluation: | Process |  |
|  | **[ ]** Observation of Faculty (completed by observer) | [ ]  Observation Occurred: |  |  |
|  |  | (with trained Faculty observer) | Date |  |
|  | **[ ]** Administrative Evaluation of Faculty (completed by the supervising administrator) | [ ]  Post Observation  Meeting Occurred: |  |  |
|  |  | (with trained faculty observer) | Date |  |
|  | **[ ]** Self Evaluation (completed by the evaluatee) | **[ ]** ReviewedStudent Evaluation Report(s)  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Per Article 19 of the GCFA Contract, the Trained Faculty Observer (TFO) will be paid per completed observation, or request three (3) flex/co-curricular hours. My signature below acknowledges that I completed the observation form, reviewed it with the evaluatee, and provided the supervising administrator with confirmation of completion. Please check one option below:** **[ ]** I am requesting stipend compensation per GCFA **OR**  **[ ]** I am requesting 3 flex or co-curricular hours \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Trained Faculty Observer (TFO)**  **Date** |  |
|  |  |
|  | **Section 2 Evaluator and Evaluatee Acknowledgments**  |
|  | i acknowledge receipt of forms and completion of the evaluation process. |
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|       |  |  |  |       |  |
| **Printed Name of Evaluatee** |  | **Signature of Evaluatee** |  |  **Date** |
|  |  |  |  |  |
|  |  |  |  |  |  |
| **Printed Name of Evaluator** |  | **Signature of Evaluator** |  |  **Date** |  |

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|  | **Section 3 Administrator** |  |
|  | i acknowledge receipt of forms and completion of the evaluation process. |  |
|  |  |       |  |  |  |       |  |
|  |  | **Printed Name of Supervising Administrator** |  | **Signature of Supervising Administrator** |  |  **Date** |  |
|  |  |  |  |