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|  | | **Section 1 Part-Time Faculty (Evaluatee)/Observer Info** | | | | | | | | | | | | | | | | | | | | | |
| **OBSERVER /   EVALUATEE** | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Evaluatee Name: | | |  | | | | | |  | Semester: |  | | | | | | | | | |  |
|  | |  | | |  | | | | | |  |  |  | | | | | | | | | |  |
|  | | Course Observed: | | |  | | | | | |  | Class Location: |  | | | | | | | | | |  |
|  | |  | | |  | | | | | |  |  |  | | | | | | | | | |  |
|  | | Trained Faculty  Observer 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) | | | | | | | | | | |  | | |  |
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|  | |  | **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. | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | | | **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** | | | |  | |
|  |  | | |  | | | | | | | | | | | | | | | | | |  | |