



**Office of Human Resources**  
**Evaluation: Special Assignment Faculty - Client Survey Form**

**Evaluee:**       Full-time               Part-time  
**Location:**       Chabot College               Las Positas College  
**Semester:**       Spring               Summer               Fall              Year: \_\_\_\_\_

(Please Print)

**Evaluation of:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of client:** \_\_\_\_\_ **Position:** \_\_\_\_\_

1. In what situation(s) have you worked with the Faculty member or received information and/or services from the Faculty member?

2. In what areas do you believe that the Faculty member has done especially well in providing information and/or services to you or your department?

3. In what areas do you believe that the Faculty member could improve in providing information and/or services to you or your department?

4. Please rate the Faculty member on the following scales:  
(Circle one option out of the two offered and rate that offer based on the scale, 1 = highest and 5 = lowest)

**Interpersonal Skills:**

Sensitivity / Insensitive	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Flexibility / Inflexible	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Taking initiative / Takes no initiative	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Collaboration / Non collaborative	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Leadership / Follows	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

If additional space is needed, please use an additional piece of paper noting the section and question number.



**SECTION III: APPROPRIATE ADMINISTRATOR'S SUMMARY**

**Instructor' Name:** \_\_\_\_\_ **W #** \_\_\_\_\_  
(please print name)

Please check one and summarized below:

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Unsatisfactory
---------------------------------------	--	---

I have read and received a copy of this Administrative Summary and Evaluation.

**Instructor signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Administrator signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* The instructor being observed has the right to append a statement to this Administrative Summary and Evaluation.**

Below is the space for the appropriate Administrator to provide a final summary and overall evaluation on Faculty based on:\*

- (1) Applicable contractual faculty standards, including:
  - Fulfillment of collegial responsibilities (14F.3, 14G.4, 14H.3, 14I.3)
  - Excellence in working with students (15C.2)
  - Participate in program and subject area improvement tasks (15C.5c)
  - Meet deadlines and submittal of grades and Census Reports (15C.5d)
  - Meet additional specific standards for instructional faculty (15C.6, 15C.7, 15C.8, 15C.9);
  
- (2) Part-time Faculty member's participation in professional responsibilities as described below:  
18I.7c.1 Participate in program and subject area improvement tasks such as creating and assessment of Student Learning Outcomes (SLOs), Service Area Outcomes (SAOs), Course Learning Outcomes (CLOs) and Program Learning Outcomes (PLOs), program review, and curriculum development.

<b>Summary Comments</b> (Attach extra sheets if necessary)

*Reference:* Article 14B.3, 14F.2b, 14F.3, 14G.4, 14H.3, 14I.3, 15B.3, 15F.2a, 15F.2a2, 15G.2, 18I.1c – Faculty Collective Bargaining Agreement

If additional space is needed, please use an additional piece of paper noting the section and question number.