**Tenured Faculty Member Evaluation**

**Peer Review Committee Report**

**Routing Instructions**

1. The PRC Chair is responsible for completing the PRC Report along with any Corrective Action Plans. The PRC Report and any Corrective Action Plans must be finalized and approved by the PRC within five business days of the Peer Evaluation Meeting.
2. The PRC Chair forwards the PRC Report to Human Resources: evalsupport@miracosta.edu.
3. The TFM has the right to initiate a written response to the evaluation within ten business days following receipt of the PRC report. The response will be attached to the evaluation report and placed in the TFM’s personnel file.
4. A TFM may appeal the PRC’s recommendation for a Corrective Action Plan or an additional evaluation during the next academic semester/year, or rating of Unsatisfactory. Appellants shall complete an appeal form and submit it to the ARC chair within ten calendar days of the written notification of the PRC’s recommendation that generated the appeal. The TFM may consult the TREC chair regarding the appeals process.

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| **Tenured Faculty Member Information** |  |
| Tenured Faculty Member |  |
| Evaluation Semester and Year |  |
| Date |  |

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| **Peer Review Committee Composition** |  |
| TFM Peer |  |
| Department Chair/TFM Peer (if TFM is Chair) |  |
| Dean |  |
| Optional TFM Peer (Non-Voting) |  |
| Optional TFM Peer (Non-Voting) |  |
| PRC Chair |  |

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| **Peer Review Committee** **Report** |
| The PRC is responsible for evaluating the TFM in accordance with the [Criteria for Evaluation](https://www.miracosta.edu/governance/trec/_docs/article-h-evaluation-and-tenure-review.pdf). Those serving on PRCs must limit their evaluation to the five major criteria for the faculty member under evaluation. Refer to section [H.1.4](https://www.miracosta.edu/governance/trec/_docs/article-h-evaluation-and-tenure-review.pdf) for examples of each criterion.   1. Demonstrated skill in classroom teaching, non-classroom roles, and other responsibilities specifically listed in the employment job announcement 2. Respect for students’ rights and needs 3. Respect for colleagues and the educational professions 4. Continued professional growth 5. Participation in institutional service and collegial governance   Describe how the TFM has addressed the Criteria for Evaluation for this evaluation cycle, addressing the TFM’s strengths and areas of growth. The PRC should also assess whether or not previous evaluation goals have been met and suggest future goals. The table will expand as you type. |
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| **Peer Review Committee Recommendation** |
| The PRC shall select one of the following evaluation ratings based on the determination of the committee, based on consensus. If consensus is not possible, the determination shall be made by the majority. The PRC may also request to consult jointly with a representative of the district and the Faculty Assembly during the deliberation process to discuss available options. The district representative and Faculty Assembly representative shall not also serve on ARC. Place an “X” in the appropriate box. |
| [ ] Satisfactory |
| [ ] Improvement Needed – Corrective Action Plan Prescribed |
| [ ] Unsatisfactory |

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| **Peer Review Committee Chair Acknowledgement Statement** | |
| [ ] By adding my initials to this box, I acknowledge that this report reflects the collective recommendation of the PRC members identified above. The recommendation was made in accordance with the provisions of Article H: “PRC members shall make decisions by consensus, when possible. Where consensus is not possible, decisions shall be made by majority vote” (H.1.3). | |
| Date |  |

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| **Tenured Faculty Member SLO Acknowledgement Statement** | |
| [ ] By adding my initials to this box, I acknowledge that I have participated in the assessment of student learning outcomes and have reflected on these outcomes to improve teaching and learning. | |
| Date |  |

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| **Tenured Faculty Member Acknowledgement Statement** | |
| [ ] By adding my initials to this box, I acknowledge that I have read this PRC Report and understand that I have a right to submit a Response to Peer Review Committee Report. | |
| [ ] Yes [ ] No | I have chosen to attach a Response to Peer Review Committee Report. |
| Date |  |