

# PEER REVIEW RESULTS

## RIO HONDO COMMUNITY COLLEGE DISTRICT

**TO: Faculty Member Being Evaluated**

When the peer review evaluation is completed, submit this form to the peer review committee members for final completion, then return it to the Human Resources Office by the end of the twelfth week of the semester.

**TO: Peer Review Committee**

Evaluation criteria: When conducting the peer review, the committee members shall consider criteria or data in each boxed category relevant to the faculty member's role below. Note: **ALL faculty** must be evaluated on SLO's/SAO's, and **ALL online faculty** must be evaluated on regular and effective student contact.

The committee members may choose to review the unit member based upon additional criteria. The additional criteria shall be mutually agreed upon by the committee members and the unit member being evaluated.

Name of faculty member who was reviewed: \_\_\_\_\_

Classroom/face-to-face Instruction:	Online Instruction:	Counseling and Student Services:
<ul style="list-style-type: none"> <li>• classroom instruction</li> <li>• use of student learning outcome assessments to improve teaching and learning</li> <li>• additional criteria: _____</li> </ul>	<ul style="list-style-type: none"> <li>• regular and effective student contact</li> <li>• use of student learning outcome assessments to improve teaching and learning</li> <li>• online instruction</li> <li>• additional criteria: _____</li> </ul>	<ul style="list-style-type: none"> <li>• counseling or delivery of non-instructional services</li> <li>• use of student learning outcome assessments to improve teaching and learning or service area outcomes</li> <li>• classroom instruction (if applicable)</li> <li>• additional criteria: _____</li> </ul>

Please indicate the results of the peer review.

- Satisfactory
- Unsatisfactory
- Satisfactory with a Professional Development Plan

Additional comments/feedback, if any:

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**FOR PEER REVIEW COMMITTEE MEMBERS:**

By signing the form below, you are acknowledging you have completed an evaluation conference with the unit member to discuss the evaluation results.

\_\_\_\_\_  
Print Name and Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Sign

\_\_\_\_\_  
Date



PEER REVIEW COMMITTEE MEMBERS: Please fill the bottom portion of this form in order to receive FLEX Credit

To: FLEX Office

FROM: Human Resources Office

The peer review has been completed for \_\_\_\_\_ and has been received in Human Resources. Please give the following committee member FLEX credit.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

First Contract Unit Member	Second Contract Unit Member	Third Contract Unit Member
Done in accordance with Matrix A and Flowchart A	Done in accordance with Matrix A and Flowchart B	Done in accordance with Matrix A and Flowchart B
<p>Observations: 2 during the 1<sup>st</sup> semester 1 prior to Feb. 15</p>	<p>Observations: 1 during the 1<sup>st</sup> semester</p> <p>In addition, the faculty member will prepare a teaching portfolio and students evaluations.</p> <p>A professional growth plan may also be included.</p>	<p>Observations: 1 during the 1<sup>st</sup> semester of each contract year, 3 and 4</p> <p>In addition, the faculty member will prepare a teaching portfolio and students evaluations.</p> <p>A professional growth plan may also be included.</p>
<p>Peer Evaluation Committee:</p> <ul style="list-style-type: none"> <li>• Consists of 2 regular FT faculty, one of which must be in the same FSA</li> <li>• Mutually agreed upon by the District and the instructor</li> <li>• If mutual consent does not occur, the unit member shall select another committee as above</li> <li>• If mutual consent does not occur, another committee made up of 2 faculty will be appointed, one selected by the faculty and one by the District</li> <li>• Committee selection must be completed by Dec.1, H.R will notify them that the peer process must be completed no later than March 31; otherwise H.R. will appoint an evaluator to complete an</li> </ul>	<p>Peer Evaluation Committee:</p> <ul style="list-style-type: none"> <li>• Consists of 2 regular FT faculty, one of which must be in the same FSA</li> <li>• Mutually agreed upon by the District and the instructor</li> <li>• If mutual consent does not occur, the unit member shall select another committee as above</li> <li>• If mutual consent does not occur, another committee made up of 2 faculty will be appointed, one selected by the faculty and one by the District</li> <li>• Committee selection must be completed by Dec.1, H.R will notify them that the peer process must be completed no later than March 31; otherwise H.R. will appoint an evaluator to complete an</li> </ul>	<p>Peer Evaluation Committee:</p> <ul style="list-style-type: none"> <li>• Consists of 2 regular FT faculty, one of which must be in the same FSA</li> <li>• Mutually agreed upon by the District and the instructor</li> <li>• If mutual consent does not occur, the unit member shall select another committee as above</li> <li>• If mutual consent does not occur, another committee made up of 2 faculty will be appointed, one selected by the faculty and one by the District</li> <li>• Committee selection must be completed by Dec.1, H.R will notify them that the peer process must be completed no later than March 31; otherwise H.R. will appoint an evaluator to complete an</li> </ul>

administrative evaluation during May	administrative evaluation during May	administrative evaluation during May
<p>Process:</p> <ul style="list-style-type: none"> <li>• Within the first 4 weeks, committee meets with the faculty member to discuss dates and time for the observations, the teaching portfolio, and student evaluations.</li> <li>• Within ten days of each observation, with the initial meeting occurring no later than Oct. 15<sup>th</sup>, the committee will meet with the faculty member to discuss the visits</li> <li>• If improvement is needed, the committee will meet with the faculty member to develop an Academic Support Plan to be forwarded to the District.</li> <li>• Instructor must complete his/her peer review plan no later than Feb. 15.</li> <li>• Following this, the peer review committee will reconvene to discuss the results of the plan.</li> <li>• Following this, the committee will notify H.R. that the evaluation is</li> </ul>	<p>Process:</p> <ul style="list-style-type: none"> <li>• Within the first 4 weeks, committee meets with the faculty member to discuss the date and time for the observation, the teaching portfolio, and student evaluations.</li> <li>• Within ten days of the observation, occurring no later than Oct. 15<sup>th</sup>, the committee will meet with the faculty member to discuss the visits</li> <li>• If improvement is needed, the committee will meet with the faculty member to develop an Academic Support Plan to be forwarded to the District.</li> <li>• Instructor must complete his/her peer review plan no later than Feb. 15.</li> <li>• Following this, the peer review committee will reconvene to discuss the results of the plan.</li> <li>• Following this, the committee will notify H.R. that the evaluation is satisfactory</li> </ul>	<p>Process:</p> <ul style="list-style-type: none"> <li>• Within the first 4 weeks, committee meets with the faculty member to discuss the date and time for the observation, the teaching portfolio, and student evaluations.</li> <li>• Within ten days of the observation, occurring no later than Oct. 15<sup>th</sup>, the committee will meet with the faculty member to discuss the visits</li> <li>• If improvement is needed, the committee will meet with the faculty member to develop an Academic Support Plan to be forwarded to the District.</li> <li>• Instructor must complete his/her peer review plan no later than Feb. 15.</li> <li>• Following this, the peer review committee will reconvene to discuss the results of the plan.</li> <li>• Following this, the committee will notify H.R. that the evaluation is satisfactory</li> </ul>

<p>satisfactory</p> <ul style="list-style-type: none"><li>• If the evaluation is unsatisfactory, a mutually agreed upon Academic Support Plan will be forwarded to the District.</li></ul>	<ul style="list-style-type: none"><li>• If the evaluation is unsatisfactory, a mutually agreed upon Academic Support Plan will be forwarded to the District.</li></ul>	<ul style="list-style-type: none"><li>• If the evaluation is unsatisfactory, a mutually agreed upon Academic Support Plan will be forwarded to the District.</li></ul>
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# OFFICE OF HUMAN RESOURCES

## Peer Review Selection Committee

To: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: Peer Review for Full-Time Unit Member

Our records indicate you are due for a peer review at this time. You must have your committee approved by your supervisor and meet with the members within the first four weeks of the semester. Your committee must consist of two tenured faculty members, one of which must be in your faculty service area. ***If you teach online, one of your committee members must be an online instructor.***

Please submit two names to your supervisor for approval. If the committee members are not approved, resubmit two names (one may be the same). Should your supervisor not approve your second committee submission, resubmit two names (you may resubmit any previous choices). Your supervisor will add a third member. You must return this signed form, prior to the fourth week of the semester, to Human Resources.

I am submitting the following unit members for my peer review committee.

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Unit member's signature      Date

\_\_\_\_\_  
Supervisor's approval      Date

*Complete only if your supervisor does not approve your first committee. I am submitting the following unit members for my peer review committee.*

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Unit member's signature      Date

\_\_\_\_\_  
Supervisor's approval      Date

*Complete only if your supervisor has not approved a committee. I am submitting the following unit members for my peer review committee.*

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Unit member's signature      Date

\_\_\_\_\_  
Supervisor's approval      Date

I have added the following unit member: \_\_\_\_\_