

- Bakersfield College
- Cerro Coso College
- Porterville College

Article 6 - Form R

Kern Community College District
 2100 Chester Avenue
 Bakersfield, CA 93301-4099



KCCD Faculty Evaluation~~Mode C Professional Goals, Action Plans, and Remediation Strategies

Faculty Member's Name	Date
Department/Division	Educational Administrator

Provide professional goals and accompanying action plans including strategies for reaching these goals. This discussion should include assigned or anticipated duties. You may wish to utilize the list of professional responsibilities that follow in formulating your goals and plans until your next evaluation. Your goals should include strategies to deal with the deficiencies revealed in your Mode "B" evaluation (as outlined in your remediation plan) or those included in the letter of Mode "C" notification from the College President.

1. In-class teaching/counseling/support services.
2. Curriculum review/development (e.g., development of courses, programs and/or instructional processes.)
3. Educational research activity.
4. Community work (e.g., speeches to community groups, formal assessment of community needs.)
5. Articulation with feeder schools and four-year institutions.
6. Recruitment of new student populations.
7. On-campus committee work.
8. Management responsibilities (e.g., service area coordinator, division chair, supervisor of aides.)
9. Significant community and professional service (e.g., school board member, journal editor, officer of professional society.)
10. Participation in job placement, on-campus activities and professional service.
11. Other.

Signature of Faculty Member Being Evaluated	Date
Signature of Educational Administrator	Date



2100 Chester Avenue
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 (661) 336-5100

Article 6 - Form R-1/FT

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**KCCD Full-time Faculty Evaluation
 Mode A Remediation Plan**

Faculty Member's Name	Date
Assigned Department/Program	

Enumerated Deficiencies:

Remediation Plan and Timeline

Measures for determining performance improvement

List the agreed upon evaluation instruments to be used.

- Student Evaluation
- Peer or Administrative Observation
- Other (specify) _____

Committee Signatures (developed in consultation with committee and evaluatee)

Faculty Chair	Date	Faculty Evaluator (<i>department/division chosen</i>)	Date
Faculty Evaluator (<i>evaluatee chosen</i>)	Date	Educational Administrator	Date

I certify that this remediation plan has been discussed with me and that I am aware it will be placed in my official personnel file. I understand my signature does not necessarily indicate agreement. I also understand I have ten (10) working days to respond to any material in this report and that my response will be attached to this report.

Evaluatee Signature	Date	Comments
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Article 6 - Form R-2/FT

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KCCD Full-time Faculty Evaluation Mode A Remediation Plan Report

Summarize the evidence from the remediation plan.

Committee Recommendation upon conclusion

- Retain due to successful remediation
- Terminate

Committee Signatures

Faculty Chair Signature	Date	Faculty Evaluator <i>(department/division chosen)</i>	Date
Faculty Evaluator Signature <i>(evaluee chosen)</i>	Date		
Educational Administrator	Date		

I certify that this report has been discussed with me and that I am aware it will be placed in my official personnel file. I understand my signature does not necessarily indicate agreement. I also understand I have ten (10) working days to respond to any material in this report and that my response will be attached to this report.

Evaluee Signature	Date	Comments
Educational Administrator Signature	Date	Comments
College President or Designee Signature	Date	Comments
Chancellor/Designee Signature	Date	Comments



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Article 6 - Form S-1/FT

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KCCD Full-time Faculty Evaluation Mode C Remediation Plan

Faculty Member's Name	Date
Assigned Department/Program	

Enumerated Deficiencies:

Remediation Plan and Timeline:

Measures for determining performance improvement:

List the agreed upon evaluation instruments to be used.

- Student Evaluation
- Peer or Administrative Observation
- Other (specify) _____

Committee Signatures (developed in consultation with committee and evaluatee)

Faculty Chair	Date	Faculty Evaluator (<i>faculty chair chosen</i>)	Date
Faculty Evaluator (<i>evaluatee chosen</i>)	Date	Evaluatee	Date
Educational Administrator	Date	Approval of Plan by the Vice President	Date



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Committee Recommendation upon conclusion

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Committee Signatures

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Faculty Evaluator <i>(evaluee chosen)</i>	Date		
Educational Administrator	Date	Approval of Plan by Vice President	Date

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Educational Administrator Signature	Date	Comments
College President or Designee Signature	Date	Comments
Chancellor/Designee Signature	Date	Comments