



2100 Chester Avenue  
Bakersfield, CA 93301-4099  
(661) 336-5100

Article 6 - Form R-1/FT

- Bakersfield College
- Cerro Coso College
- Porterville College

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

Faculty Member's Name	Date
Assigned Department/Program	

Enumerated Deficiencies:

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Remediation Plan and Timeline:

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Measures for determining performance improvement:

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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>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.</i>			
Evaluatee 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:

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Remediation Plan and Timeline:

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Measures for determining performance improvement:

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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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Article 7 - Form R-1/ADJ

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## KCCD Adjunct Faculty Evaluation Special Evaluation Plan

Faculty Member's Name	Date
Assigned Department/Program	

Enumerated Deficiencies:

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**Special Plan and Timeline**

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**Measures for determining performance improvement**

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List the agreed upon evaluation instruments to be used.

- Student Evaluation
- Observation
- Other (specify)

**Committee Signatures (developed in consultation with committee and evaluatee)**

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

*I certify that this special evaluation 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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