

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:

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 evaluee)			
Faculty Chair	Date	Faculty Evaluator (department/division chosen)	Date
Faculty Evaluator (evaluee chosen)	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.			
Evaluee Signature	Date	Comments	

4/2008 DO/HR

Records Retention Code-Class 1, Permanent Records



2100 Chester Avenue Bakersfield, CA 93301-4099 (661) 336-5100 Article 6 - Form S-1/FT

Bakersfield College
Cerro Coso College
Porterville College

KCCD Full-time Faculty Evaluation Mode C Remediation Plan

Faculty Member's Name	Date
Assigned Department/Program	

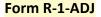
Enumerated Deficiencies:

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
(spec	cify)

Committee Signatures (developed in consultation with committee and evaluee)			
Faculty Chair	Date	Faculty Evaluator (faculty chair chosen)	Date
Faculty Evaluator (evaluee chosen)	Date	Evaluee	Date
Educational Administrator	Date	Approval of Plan by the Vice President	Date





2100 Chester Avenue Bakersfield, CA 93301-4099 (661) 336-5100 Article 7 - Form R-1/ADJ

Bakersfield College
Cerro Coso College
Porterville College

KCCD Adjunct Faculty Evaluation Special Evaluation Plan

Faculty Member's Name	Date
Assigned Department/Program	

Enumerated Deficiencies:

Special Plan and Timeline

Measures for determining performance improvement

Li

ist the agreed upon evaluation instruments to be used.Student Evaluation

Observation

Other (specify)

Committee Signatures (developed in consultation with committee and evaluee)			
Faculty Chair/Designee	Date	Faculty Evaluator (department/division chosen)	Date
Faculty Evaluator (evaluee chosen)	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.

Evaluee Signature	Date	Comments

5/2008 DO/HR

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