

## MEMORANDUM OF UNDERSTANDING

The following memorializes the understanding of the Butte-Glenn Community College District, (hereinafter referred to as the "District") and the Butte College Education Association (hereinafter referred to as "BCEA") regarding **Appendix G13S**.

### APPENDIX G13S

#### Timeline for Student Development Faculty Evaluation

<b>Faculty Member:</b>
<b>Department:</b>
<b>Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring   20_____
<b>Administrator:</b>
<b>Department Chair/Coordinator (or designee):</b>
<b>Tenured Peer Evaluator(s):</b>


Note: Both chair and peer evaluator must have received peer evaluation training.  
 Chair and peer evaluator initials confirming training: \_\_\_\_\_


<p><b>JOB SITE VISIT PRE-OBSERVATION CONFERENCE:*</b>                  For new hires, by the fifth week of the term (first semester of employment).  <input checked="" type="checkbox"/> DISTRIBUTE EVALUATION OF STUDENT SERVICES PERFORMANCE FORMS(G7/G8/G9)   <input checked="" type="checkbox"/> Job Site Observation: (Selected by evaluatee and evaluation team)  <i>For Probationary Student Services Faculty must take place by 13<sup>th</sup> week</i>   <input checked="" type="checkbox"/> Decide on week and method of Student Input Form (G1S) collection or SFF.                   Dates of Collection: _____ (In-person and/or Electronic)                   SFF collection (If applicable)                   Control # _____      Course _____</p>	<p>Observation #1                  Date: _____                  Location: _____                  Time: _____                  Setting: _____</p> <p>Observation #2                  Date: _____                  Location: _____                  Time: _____                  Setting: _____</p>
<p><b>PROVIDE FACULTY SELF EVALUATION INPUT FORM (G12)</b>                   Evaluatee submits to the evaluation team at least 1 week prior to observation</p>	<p>Date Due: _____</p>
<p><b>EVALUATION TEAM MEETING:</b>                  (No evaluatee)  <input checked="" type="checkbox"/> Complete Evaluation of Student Services Performance Form (G7/G8/G9).  <input checked="" type="checkbox"/> Complete narrative.  <input checked="" type="checkbox"/> Complete Summary of Student Comments</p>	<p>Date: _____                  Room: _____                  Time: _____</p>
<p><b>PRIOR TO POST-OBSERVATION CONFERENCE:</b>  <i>Minimum 1 day prior to post-observation conference; 2 days if improvement plan included</i>  <input checked="" type="checkbox"/> Provide faculty with copy of narrative(s), summary of student Input, and student development evaluation G7/G8/G9 form.</p>	<p>Date Due: _____</p>
<p><b>POST-OBSERVATION CONFERENCE:</b>  <input checked="" type="checkbox"/> Discuss Performance Rating Sheet (G7/G8/G9).  <input checked="" type="checkbox"/> Discuss narrative comments including student comments/evaluations.  <input checked="" type="checkbox"/> Sign evaluation forms.</p>	<p>Date: _____                  Room: _____                  Time: _____</p>

✓ If an improvement plan will be created, the post-observation conference will be used to discuss the improvement plan and another meeting will be scheduled to finalize draft and sign if needed.	

\*Subsequent to the pre-observation conference, a summary of this form will be sent electronically to all participants in the evaluation process.

Rev: Oct 2024

By:   
For BCEA

By:   
Erik Shearer (Oct 15, 2024 22:18 PDT)

By:   
For the District












# BCEA MOU Appendix G13S\_Oct2024

Final Audit Report

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