**Name of Faculty Member under review:**

**Names of Committee Members:**
- **Chair:**
- **Peer Evaluator:**
- **Administration Evaluator:**

**Academic Year:**

**Semester:**
- **Fall**
- **Spring**

**Semester**
- **“0”**
- **First**
- **Second**
- **Third**
- **Forth**
- **Fifth**
- **Sixth**
- **Seventh**
- **Eighth**

- The committee does not feel that a spring evaluation is required at this time. However, the committee reserves the right to conduct a spring evaluation if circumstances deem it necessary. (NOTE: spring evaluations are optional ONLY during the fourth, sixth and eighth semesters.)

**Date of Semester review conference:**

**Recommendations:**
- **Continue, but with reservations**
- **Not to rehire**
- The tenure review process should continue as outlined in the COCFA agreement. (Check below for appropriate contract)

<table>
<thead>
<tr>
<th>Semester of Evaluation</th>
<th>FIRST SEMESTER (mid-year hires will have two “first” semesters):</th>
<th>SECOND SEMESTER (Spring):</th>
<th>THIRD &amp; FOURTH SEMESTERS: (2nd full year of employment)</th>
<th>FIFTH &amp; SIXTH SEMESTERS: (3rd full year of employment)</th>
<th>SEVENTH &amp; EIGHTH SEMESTERS 4th full year of employment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation:</td>
<td>One-Semester Contract</td>
<td>One-Year Contract</td>
<td>Two-Year Contract</td>
<td>(Continuation of contract)</td>
<td>Regular Contract (“Tenure”)</td>
</tr>
<tr>
<td>Spring semester Evaluation?</td>
<td>YES</td>
<td>YES</td>
<td>OPTIONAL</td>
<td>OPTIONAL</td>
<td>OPTIONAL</td>
</tr>
</tbody>
</table>

The following have been attached:
- **Committee Summary**
- **Self Evaluation**
- **Chair Evaluation**
- **Peer Evaluation**
- **Administrator Evaluation**

**Signature of Committee Chair**

**Date**

**Date received in the Instruction Office:**

**Signature of Vice President, Instruction & Student Services**

**Date**

**Recommendation sent to Superintendent-President:**

**Date**