IMPERIAL VALLEY COLLEGE EVALUATION PRE-OBSERVATION MEETING

Name of Faculty Member: _____

Date of Planned Observation:

Department & Discipline/Area:

Faculty Member's Status (circle): Tenure Review Full-Time Permanent Full-Time Temporary Part-time

Name of Evaluator:

____YES The evaluator provided to the faculty member a blank copy of the appropriate forms that will be used during the observation.

- 1. Type and subject of activity or topic to be observed?
- 2. What tools or techniques does the faculty member intend to use during the activity or topic being observed?
- 3. What will the evaluator be looking for during this observational period?

____YES The faculty member has provided relevant documentation to the evaluator, such as the course syllabus, lecture outline, assignment sheet, and/or work objectives to determine that the activity observed is appropriate to the environment.

Faculty Member Name	Signature	Date
Evaluator Name	Signature	Date