



**FACULTY SUMMARY EVALUATION FORM R  
ARTICULATION OFFICER**

**All PC and Mac users please note:** This form must be opened using **Adobe Reader**; any forms opened/used in "Preview Mode" will not function properly.

ARTICULATION  
OFFICER:

TENURED

NON-TENURED

SCHOOL:

/20

Faculty member is encouraged to attach supplemental materials if they so desire (i.e. resume, curriculum vitae, lists of conferences attended, copies of written publications, transcripts of course work and syllabus of each assigned course).

**I. STRENGTHS AND AREAS FOR IMPROVEMENT:** Use the drop box to the left of each item to indicate items that are beyond normal standards, i.e., **Superior (S)**, or **Unsatisfactory (U)**. Written comments must reflect the rationale for either selection. If the item is acceptable or if it does not apply, please leave the item blank.

**A. PERFORMANCE EFFECTIVENESS:**

1. Demonstrates professional knowledge of articulation programs and current trends in the field
2. Meets established articulation timelines in conjunction with curriculum timelines
3. Coordinates and disseminates of current articulation information for administrators, staff, Part-time faculty, faculty and students
4. Actively seeks to increase number of articulation agreements with colleges and universities
5. Responds to articulation requests from colleges and universities
6. Provides articulation training to faculty, administrators and staff
7. Manages all articulation and reports, i.e., ASSIST, OSCAR, AICCU, CSU, GE Breadth, IGETC, SDSU report, UCTCA report
8. Serves as a liaison between Office of Instruction, all schools, and other appropriate departments for accurate communication of articulation information

COMMENTS:

**B. INSTITUTIONAL COMMITMENT:**

1. Participates in articulation-related activities and/or committees
2. Participates in general college activities/committees (i.e., curriculum committee, program review)
3. Observes District and State-wide policies and procedures governing Community Colleges, UC, CSU and Community College curriculum
4. Provides community groups and individuals with information regarding articulation
5. Ensures adherence to CSU Executive Orders and IGETC guidelines
6. Participates in program review and institutional planning
7. Contributes to the quality of the college community

COMMENTS:

**C. PROFESSIONAL ACTIVITIES:**

1. Attends local & state-wide conferences and workshops
2. Maintains memberships in professional organizations
3. Provides lectures, demonstrations and seminars as needed
4. Participates in sabbatical leave and/or faculty exchanges
5. Participates in other creative and scholarly activities

COMMENTS:

**D. STUDENT RELATIONS:**

1. Demonstrates an understanding of student rights
2. Acknowledges student needs in relation to articulation guidelines
3. Promotes understanding of and a sensitivity to diversity in students (i.e. academic, social, economic, cultural, disability and ethnic backgrounds)
4. Respects student opinions and concepts
5. Contributes to student development
6. Promotes student success

COMMENTS:

**E. COLLEGIAL RELATIONS:**

1. Demonstrates a general understanding of institutional roles of other faculty, staff and administration and provides leadership on articulation issues
2. Promotes an understanding of and a sensitivity to diversity in faculty, staff and administration (i.e. academic, social, economic, cultural, disability and ethnic backgrounds)
3. Respects the rights of other faculty, staff and administrators to voice opinions
4. Seeks ways to work cooperatively and productively

COMMENTS:

**II. OVERALL EVALUATION:**

Satisfactory

Improvement Needed (Attach Plan)

Unsatisfactory

SUMMARY COMMENTS:

**III. STAFF DEVELOPMENT PLAN:**

(Note: For Improvement Needed, attach a written plan reflecting the following):

- A. Plan
- B. Goals to be Achieved
- C. Timelines
- D. Method(s) of Evaluation

**IV. EVALUATORS' SIGNATURES:**

_____	_____
Committee Chair/Peer	Date

_____	_____
Peer Member	Date

_____	_____
At-Large Faculty Member	Date

_____	_____
Dean/Administrator	Date



_____	_____
Faculty Member	Date

*Note: The faculty member's signature on this document indicates his/her awareness of the above report and not necessarily his/her concurrence with this evaluation.*