## Highline College - Tenure Working Committee

## Quarterly Report 5 Cover Page

This Quarterly Report is due five working days before finals week and should include the following *in this order:*

1. Quarterly Report Form - the narrative assessment should include a statement about what the probationer has been doing and what the Tenure Working Committee has done to evaluate and to help them.  Include follow-up reports on previous actions undertaken, if any, in the report
2. Current quarter Tenure Working Committee Meeting(s) Minutes
3. Current quarter Classroom Observations from all Tenure Working Committee members
4. Minutes from most recent Tenure Review Committee meeting (if not previously submitted)
5. Probationer's Initials and page numbers on every page of all written documents

Name of Probationer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division Criteria Adoption Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courses Taught this Quarter, including format (f2f, hybrid, online):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working Committee Members Date of classroom visit

Faculty at Large \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discipline Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please indicate chair of committee with \**

Date(s) of quarterly meeting(s) with probationer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Narrative Assessment*** *-* Use additional paper if necessary.

Does the Working Committee believe that the probationer has met the divisional criteria?

\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

Signed (all members of Working Committee):

Signatures: Dates:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Probationer Date