## Highline College - Tenure Working Committee

## Quarterly Report 6 Cover Page

This Quarterly Report is due ten working days before the Tenure Review Committee meeting with the probationer 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.  Follow-up on earlier reports particularly where items of concern have been identified.
2. Tenure Review Committee minutes from the previous Quarter's meeting (if not previously submitted)
3. Current quarter Tenure Working Committee Meeting(s) Minutes
4. The probationer’s Self Evaluation
5. Student evaluation summaries for Quarter 5 are included in this report and minutes discussing these evaluation results
6. Current quarter Classroom Observations from all Tenure Working Committee members
7. PAS Division – Division Chair’s letter
8. 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