

WEST VALLEY - MISSION COMMUNITY COLLEGE DISTRICT  
**PRE-APPRAISAL CONFERENCE FORM – Form 1**  
**Regular, Contract and Associate Faculty**

Semester/ Year \_\_\_\_\_ Date \_\_\_\_\_

Appraisee: \_\_\_\_\_

- |  |           |          |
|--|-----------|----------|
| 1. The performance appraisal process has been reviewed and discussed.  | Yes _____ | No _____ |
| 2. The job description, appraisal components and forms were reviewed.  | Yes _____ | No _____ |
| 3. The performance plan and timelines were discussed (contract only).  | Yes _____ | No _____ |
| 4. A copy of criteria for performance appraisal was reviewed with the appraisee. See ACE Contract Article 26.3 A or B, or Article 112.3. | Yes _____ | No _____ |
| 5. College record keeping expectations were discussed.   | Yes _____ | No _____ |
| 6. The instructor provided current “green sheets” for courses taught.  | Yes _____ | No _____ |

They were: Complete and Acceptable \_\_\_\_\_ or Need Revision as follows:

- |  |           |          |
|--|-----------|----------|
| 7. Specific recommendations/concerns (if any) from previous appraisal(s) were identified, discussed, and expectations clarified. | Yes _____ | No _____ |
| 8. If special activities or assignments are to be considered in the appraisal, they were identified and discussed.               | Yes _____ | No _____ |

They are:

I understand the performance appraisal process and have read Article 26 (A or B) or Article 112 of the ACE Contract.

\_\_\_\_\_  
Appraisee Signature

\_\_\_\_\_  
Date

Team Members: \_\_\_\_\_  
(Printed Names)

Team Chair: \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Team Member Signature

\_\_\_\_\_  
Team Member Signature

Team Chair Signature: \_\_\_\_\_