Summary Evaluation Form for Faculty

Evaluatee: _____	Date of hire: _____	Evaluation Semester: FALL ☐ SPRING ☐ SUMMER ☐	Evaluation Year: _____

Check Faculty Status: ☐ Tenured Full-time Faculty   ☐ Probationary (Tenure Track) Faculty   ☐ Part-time Faculty

☐ Check here if the Part-time Faculty Member currently has Staffing Preference (prior to this evaluation):

Summary of previous evaluation (available in Division Office), if applicable:
Summary of student evaluations—attach summary of scores and typed comment (provided by Division Office):
Summary of classroom/workplace observations—attach observation forms and comments:

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Summary of self-evaluation—attach self evaluation report:

Criteria-related input from dept. chair and/or dean:

Evaluatee comments—attach a separate sheet if necessary:

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Level of Performance (Check one) – To be completed by Chair of Evaluation Committee

☐ **Consistently High Ratings**—Excellent overall performance.

☐ **Satisfactory Performance**—Acceptable overall performance.

☐ **Needs Improvement**—Low scores in some areas necessitate an improvement plan. Evaluatee will be evaluated again next semester (if still employed by CCCCD).

☐ **Unsatisfactory Performance**—Unacceptable overall performance.

_____   _____

Signature of Evaluatee – (signature indicates receipt but not necessarily agreement)   **Date**

Signature of Evaluation Committee Members: (size of committee is determined by faculty status)

_____   _____   _____

Chair/Evaluator   (print name)   (signature)   Date

                                         Date

_____   _____   _____

Committee Member   (print name)   (signature)   Date

                                         Date

_____   _____   _____

Committee Member   (print name)   (signature)   Date

                                         Date

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This box only applies to <u>probationary</u> faculty.

Recommendation (To be completed by Chair of Evaluation Committee)

☐   Grant Tenure   ☐   Continue in Probationary Status   ☐   Termination of Service

Resolution (To be completed by college president)

☐   Grant Tenure   ☐   Continue in Probationary Status   ☐   Termination of Service

President: _____ **Date:** _____

Chancellor: _____ **Date:** _____