

## Summary Evaluation Form for Faculty

Evaluatee: _____	Date of hire: _____	Evaluation Semester: FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/>	Evaluation Year: _____
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**Check Faculty Status:**  Tenured Full-time Faculty  
Faculty

Probationary (Tenure Track) Faculty

Part-time

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 CCCC).
- 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**

\_\_\_\_\_  
**Committee Member (print name)**

\_\_\_\_\_  
**(signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Committee Member (print name)**

\_\_\_\_\_  
**(signature)**

\_\_\_\_\_  
**Date**

**This box only applies to probationary 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:**

\_\_\_\_\_