



Peralta Community College District

SUMMARY REPORT FORM
(For Part-Time, LTS and Tenured Faculty Evaluations)

Evaluee _____ **Discipline** _____

Semester _____ Academic Year _____ College _____

Members of the Evaluation Committee: _____ Date of Scheduling Conference: _____

Chair: _____ Date of Preliminary Evaluation Meeting: _____

_____ Date of Summary Evaluation Meeting: _____

Vice President/Dean/Administrative Supervisor: _____

1. Self-Evaluation Report(s). The Evaluation Committee has reviewed the Evaluee's Self-Evaluation(s), and it is:

_____ SATISFACTORY _____ UNSATISFACTORY

Note: 'Satisfactory' does not require an explanation; If 'Unsatisfactory' is checked, please explain below:

2. Student Evaluations. The Evaluation Committee has reviewed the student evaluation report(s), if applicable, and they are:

_____ SATISFACTORY _____ UNSATISFACTORY

Note: 'Satisfactory' does not require an explanation; If 'Unsatisfactory' is checked, please explain below:

3. Administrative Evaluation. The Evaluation Committee has reviewed the Administrative Evaluation, and it is:

_____ SATISFACTORY _____ UNSATISFACTORY

Note: ‘Satisfactory’ does not require an explanation; If ‘Unsatisfactory’ is checked, please explain below:

4. Faculty Observations/Evaluations. The Evaluation Committee has reviewed materials and conducted observations/evaluations of the class(es)/session(s)/learning experience(s). The Faculty Observations/Evaluations are:

_____ SATISFACTORY _____ UNSATISFACTORY

Note: ‘Satisfactory’ does not require an explanation; If ‘Unsatisfactory’ is checked, please explain below:

5. Overall assessment of the Evaluatee. Include in the comments specific strong points, and specific areas for improvement. Include any recommendations you have for the Evaluatee.

6. Overall summary performance rating:

- Is Exemplary**
- Surpasses Requirements**
- Meets All Requirements**
- Does Not Consistently Meet Requirements**
- Does Not Meet Requirements**

Number of votes: For Rating Against Rating (above)**

*(** A member of the Evaluation Committee who is in disagreement with the rating may attach a minority report.)*

Minority Report attached: Yes No

Signatures: [of Evaluation Committee (EC) Members]

Evaluation Committee Chair _____ Date _____

Evaluation Committee Member _____ Date _____
(if 2 member committee)

Vice President/Dean/Admin. Supervisor _____ Date _____

The Evaluatee's signature on this form only indicates that s/he has reviewed this evaluation/ recommendation form.

Evaluatee _____ Date _____