# 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

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

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

\_ \_ SATISFACTORY \_ UNSATISFACTORY

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

1. **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:

1. **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:

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

No

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Yes

Minority Report attached: \_

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

Against Rating (above)\*\*

Number of votes: For Rating

**6. Overall summary performance rating:**

\_ \_ **Is Exemplary**

\_ \_ **Surpasses Requirements**

\_ \_ **Meets All Requirements**

\_ \_ **Does Not Consistently Meet Requirements**

\_ \_ **Does Not Meet Requirements**

***Signatures: [of Evaluation Committee (EC) Members]***

Evaluation Committee Chair Date

Evaluation Committee Member (if 2 member committee)

Vice President/Dean/Admin. Supervisor

Date Date

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*The Evaluee’s signature on this form only indicates that s/he has reviewed this evaluation/ recommendation form.*

Evaluee Date