

**SANTA MONICA COMMUNITY COLLEGE DISTRICT**

**Faculty Evaluation Summary Form For Tenured Faculty – Phase 1**

Evaluation of: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Department: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Position: \_\_\_\_\_

FALL SEMESTER: \_\_\_\_\_ Conference Date: \_\_\_\_\_

**Based on the attached Professionalism Form and Observation Form(s), CHECK ONE:**

Satisfactory

Needs Continued Evaluation

<b>Signature</b>	<b>Date</b>
Evaluatee:	
Dept. Chair, leader, or designee	
Evaluator: (if a panel is used)	
Evaluator: (if a panel is used)	
Appropriate Vice-President or designee:	

SPRING SEMESTER: \_\_\_\_\_ Conference Date: \_\_\_\_\_

**Based on the attached Professionalism Form and Observation Form(s), CHECK ONE:**

Satisfactory

Needs Continued Evaluation

<b>Signature</b>	<b>Date</b>
Evaluatee:	
Dept. Chair, leader, or designee	
Evaluator:	
Evaluator:	
Appropriate Vice-President or designee:	

Evaluatee's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Evaluatee may request an additional evaluation. Within ten working days of receipt of this evaluation report, the evaluatee may also submit a written statement to be filed with this evaluation report. Attach additional sheet if necessary.