

SANTA MONICA COMMUNITY COLLEGE DISTRICT

Faculty Evaluation Summary Form For Emeritus College Faculty

Evaluation of: _____ Semester: _____ Year: _____

Department: _____

Evaluator: _____ Position: _____

Conference Date: _____

Based on the attached Professionalism Form and Observation Form, CHECK ONE:

Satisfactory

Needs Improvement

Unsatisfactory

EVALUATOR:	DATE:	Dean of the Emeritus College:	DATE:
EVALUATEE:	DATE:	APPROPRIATE VICE-PRESIDENT OR DESIGNEE:	DATE:

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.

Comments: (optional)