

SANTA MONICA COMMUNITY COLLEGE DISTRICT
Faculty Evaluation Summary Form for Probationary Faculty
Year Three

NAME:	DEPARTMENT:
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OVERALL RATING

Satisfactory

Needs Improvement

Unsatisfactory

Signature	Date
Dept. Peer:	
Dept. Peer:	
Dept. Chair, faculty leader, or designee:	
Evaluatee:	

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

Comments: (optional)