

**SANTA MONICA COMMUNITY COLLEGE DISTRICT**

**Faculty Evaluation Summary Form For Part-time 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:	DEPT. CHAIRPERSON / LEADER :	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)