

SANTA MONICA COMMUNITY COLLEGE DISTRICT

Faculty Evaluation Summary Form For Tenured Faculty – Phase 2

Evaluation of: _____ Semester: _____ Year: _____

Department: _____

Evaluator: _____ Position: _____

Conference Date: _____

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

Satisfactory

Needs Continued Evaluation

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

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.