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| Evaluatee: \_  | Date of hire: \_  |

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| Evaluation Semester: | FALL [ ]  SPRING [ ]  SUMMER [ ]   |

 | Evaluation Year: \_  |

**Check Faculty Status**: [ ]  Tenured Full-time Faculty  [ ]  Probationary (Tenure Track) Faculty [ ]  Part-time Faculty

 [ ]  Check here if the Part-time Faculty Member currently has Staffing Preference (prior to this evaluation):

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| **Summary of previous evaluation (available in Division Office), if applicable:** |
|  \_ |
| **Summary of student evaluations**—**attach summary of scores and typed comment (provided by Division Office):** |
|  \_ |
| **Summary of classroom/workplace observations—attach observation forms and comments:** |
|  \_ |

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| --- |
| **Summary of self-evaluation—attach self evaluation report:** |
|  \_ |
| **Criteria-related input from dept. chair and/or dean:** |
|  \_ |
| **Evaluatee comments—attach a separate sheet if necessary:** |
|  \_ |

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| **Level of Performance (Check one) – To be completed by Chair of Evaluation Committee**[ ]  **Consistently High Ratings—**Excellent overall performance. [ ]  **Satisfactory Performance—**Acceptable overall performance.[ ]  **Needs Improvement—**Low scores in some areas necessitate an improvement plan. Evaluatee will be evaluated again next semester (if still employed by CCCCD).  [ ]  **Unsatisfactory Performance—**Unacceptable overall performance.  |

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|  |
| **Signature of Evaluation Committee Members: (size of committee is determined by faculty status)**

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|  \_  **Chair/Evaluator (print name)**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(signature) Date** |  \_ **Date** |
|  \_  **Committee Member (print name)**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(signature) Date** |  \_ **Date** |
|  \_  **Committee Member (print name)**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(signature) Date** |  \_ **Date** |

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| **This box only applies to probationary faculty.****Recommendation (To be completed by Chair of Evaluation Committee)****[ ]  Grant Tenure [ ]  Continue in Probationary Status [ ]  Termination of Service****Resolution (To be completed by college president)****[ ]  Grant Tenure [ ]  Continue in Probationary Status [ ]  Termination of Service**

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| **President:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chancellor:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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