

# DEPARTMENT CHAIR/DIRECTOR RANGE ELEVATION FORM

 **(use additional pages, if necessary)**

NAME (Last, First, Middle)

Click here to enter text.

DEPARTMENT/DIVISION/SCHOOL

Click here to enter text.

**Performance Review**

Purpose: Consideration of Range Elevation

Recommendation(s): [ ]  Range Elevation to the range of: Click here to enter text. [ ]  Do not recommend for Range Elevation

**DEPARTMENT CHAIR/DIRECTOR SIGNATURE:**

Click here to enter text. Click here to enter a date.

Department Chair Date

**Part of the Department Committee**

[ ]  I was part of the department committee, and therefore, I will not be submitting a separate report.

[ ]  I was not part of the department committee, and therefore, the report is below.

**If you were not part of the department committee, please fill out the sections below.**

**Note to Candidate**: You have ten days after this report is provided to submit a response/rebuttal.

**California State University, Los Angeles**

**Department Chair Range Elevation Form**

**EVALUATION:** Please indicate sources of information used in forming the following evaluation. Sections A, B, C (additional sheets may be appended):

**A. Educational Performance:**

 1. Teaching Performance (a. summary of the quantitative responses to the “Student Opinion Survey on Instruction”; b. peer observation; and c. at least one other form of evaluation).

 2. Related Educational Activities (optional).

3. Currency in the Field

**Additional Comments (optional)**