

**DEPARTMENT COMMITTEE RANGE ELEVATION FORM**

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

DEPARTMENT/DIVISION/SCHOOL

Click here to enter text.

NAME (Last, First, Middle)

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/DIVISION/SCHOOL PERSONNEL COMMITTEE SIGNATURES:**

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

Name Date

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

Name Date

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

Name Date

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

Name Date

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

Name Date

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

Committee Chair Name Date

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

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**California State University, Los Angeles**

**Department Committee 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)**