

**DEPARTMENT CHAIR PERIODIC EVALUATION FORM**

**(This information may be obtained from the RTP Cover Sheet in the candidate’s eWPAF)**

DATE

Click here to enter text.

DEPARTMENT/DIVISION/SCHOOL

Click here to enter text.

NAME (Last, First, Middle)

Click here to enter text.

**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.

**Chair:**

Click here to enter text. Click here to enter date

Chair Name Date

**Purpose of Recommendation:**

Probationary Faculty

Post-Tenure Review

**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.

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**Department Chair Periodic Evaluation 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.

**Educational Performance Evaluation**

Outstanding

Commendable

Satisfactory

Needs Improvement

Unsatisfactory

**B. Professional Achievement:**

**Professional Achievement Evaluation**

Outstanding

Commendable

Satisfactory

Needs Improvement

Unsatisfactory

**C. Contributions to the University:**

**Contributions to the University Evaluation**

Outstanding

Commendable

Satisfactory

Needs Improvement

Unsatisfactory

**Additional Comments (optional)**