# CalStateLAlogo_hero_horizontal_4color

# **COLLEGE OF** Click here to enter text.

# **CHAIR PERSONNEL REPORT FORM**

# **INITIAL THREE-YEAR APPOINTMENT**

# **2021-2022**

**Name** Click here to enter text.

Last Name, First Name

### DEPARTMENT CHAIRPERSON

##

## [ ]  I concur with the department committee recommendation and evaluation.

[ ]  I concur department committee recommendation and evaluation, with additional comments

 below.

[ ]  I do not concur with the department committee recommendation and/or evaluation. (Please

 below)

 Department Chair Date

**Additional Comments:**

Click or tap here to enter text.

**SEPARATE EVALUATION (if different from Department Committee)**

**Evaluation:**

##

[ ]  Satisfactory

[ ]  Unsatisfactory

**Chair Recommendation for Evaluation for a Three-Year Appointment:**

##

## [ ]  Recommend a three-year appointment

[ ]  Do not recommend a three-year appointment

**If the recommendation is to not issue three-year appointment, please state the reason below.**

Click here to enter text.

**EVALUATION OF EDUCATIONAL PERFORMANCE**

**Teaching Performance**

**Currency in the Field**

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