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

# **CHAIR PERSONNEL REPORT FORM**

# **SEMESTER & ONE-YEAR APPOINTMENTS**

# **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 with the department committee recommendation and evaluation, with additional

 comments below.

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

 see below)

 Department Chair Date

**Additional comments:**

Click or tap here to enter text.

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

**Evaluation:**

[ ]  Outstanding

[ ]  Commendable

 [ ]  Satisfactory

 [ ]  Needs Improvement

 [ ]  Unsatisfactory

**Chair Recommendation for Semester to Semester Faculty Only:**

##

##  [ ]  Retain in hiring pool

 [ ]  Do not retain

**If the recommendation is to not retain, please state the reason below.**

Click here to enter text.

**EVALUATION OF EDUCATIONAL PERFORMANCE**

**Teaching Performance**

Click here to enter text.

**Currency in the Field**

Click here to enter text.

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