

**DEPARTMENT 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.

**Purpose of Recommendation:**

[ ]  Probationary Faculty

[ ]  Post-Tenure Review

**COMMITTEE LIST:**

Click here to enter text. Click here to enter text.

Name Name

Click here to enter text. Click here to enter text.

Name Name

Click here to enter text. Click here to enter text.

Name Committee Chair Name

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

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**Department Periodic Evaluation Form**

**EVALUATION:** Please indicate sources of information used in forming the following evaluation. Sections A, B, C, D (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)**