SANTA BARBARA CITY COLLEGE FACULTY EVALUATION SUMMARY*

Evaluatee:					
Overall Ev	aluation:				
Sa	atisfactory with regard to each	of the applicable District	Performance Crite	ria	
	eeds Improvement with regard nclude Plan for Improvement as				
	ubstandard with regard to each include Plan for Improvement, w				
Acknowle	dgment of Receipt:				
Evaluatee:				Date:	
	above, the evaluatee acknowled omit to my area dean an optional ntent.	-			•
Evaluator: (Committee	e Chair) Name,	Title, Department		Date:	
Evaluator:	Name,	Title, Department		Date:	
Evaluator:				Date:	
	Name,	Title, Department			
Received &	& Forwarded: Depar	tment Chair		Date:	
				Date:	
	Dean				
Received:	Executive Vice President, E	ducational Programs		Date:	
Received:				Date:	
		n Resources			
Next Evalu	ation Due:				
	an optional addendum from the orm is signed.	evaluatee, no additiona	Il information or doo	cuments shall be included i	n the evaluation after the

Evaluation Summary for Regular (Tenured), Contract (Probationary) and Temporary Faculty (Academic Policies Committee 2-26-16; Academic Senate 9-14-2016)