

**SANTA MONICA COMMUNITY COLLEGE DISTRICT**  
**Faculty Evaluation Summary Form For Probationary Faculty**  
**Year One**

NAME:	DEPARTMENT:
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Overall Rating	Recommendation
Satisfactory	Not Enter Into A Contract For The Following Academic Year
Needs Improvement	Enter Into A Contract For The Following Academic Year
Unsatisfactory	Employ The Probationary Employee As A Regular (Tenured) Employee For All Subsequent Academic Years

Signature	Date
Dept. Peer:	
Non-Dept. Peer:	
Dept. Chair, faculty leader, or designee:	
Senior Administrator:	
Evaluatee:	

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.  
 Comments: (optional)