

**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)**