California State University, Long Beach

# 2023-2024 Periodic “Mini” Evaluation of Probationary Faculty

## Department Peer Committee’s Review

|  |  |
| --- | --- |
| **EMPLOYEE’S NAME** | \*\*Click to enter Employee Name |

|  |  |
| --- | --- |
| **DEPARTMENT** | \*\*Click to enter Department Name |

|  |  |
| --- | --- |
| **COMMITTEE MEMBERS** | \*\*Click to enter all Committee Member Names |

**The employee will be evaluated by the DEPARTMENT PEER COMMITTEE in the following areas:**

|  |
| --- |
| 1. **TEACHING EFFECTIVENESS Due to COVID-19, Spring 2020 SPOT summaries are not required for submission. Spring 2020 SPOT summaries may not be considered in an evaluation unless a candidate explicitly chooses to include the SPOT summaries in their materials.** |
| \*\*Click to enter text |

|  |
| --- |
| 1. **SCHOLARLY AND CREATIVE ACTIVITIES** |
| \*\*Click to enter text |

|  |
| --- |
| 1. **UNIVERSITY / COMMUNITY SERVICE** |
| \*\*Click to enter text |

**Provide any recommendations for areas of improvement and/or overall comments here:**

|  |
| --- |
| **AREAS TO BE IMPROVED** |
| \*\*Click to enter text |

|  |
| --- |
| **OVERALL COMMENTS** |
| \*\*Click to enter text |

**I, Department Peer Review Committee Chair** \*\*Click to enter full name, **certify the members of the committee have collectively completed this review on** \*\*Click to select date.