California State University, Long Beach

# 2024-2025 Periodic “Mini” Evaluation of Probationary Faculty

## Department Peer Committee’s Review

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

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

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

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

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| 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 |

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

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

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

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

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| **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.