

Semester/Year _____
 PASADENA AREA COMMUNITY COLLEGE DISTRICT
SUMMARY EVALUATION REPORT
(Completed by Dean)

STATUS
 Temporary _____
 1 Contract _____
 2 Contract _____
 3 Contract _____
 4 Contract _____
 Regular _____

Employee _____ Date _____

Division (or Department) _____

Recommendation:

Satisfactory	*Improvement Needed	**Unsatisfactory
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 Division Dean Date

 Assistant Superintendent/Vice President, Instruction Date

*In specific areas

*An unsatisfactory evaluation may cause the denial of a class change or service increment.

I have received a copy of this report _____
Employee's Signature Date

**I will submit an addendum to this report _____

**Addendum must be submitted with ten (10) working days after copy of this report is reviewed and signed.