

OCCC
Faculty Performance Appraisal
Summary Report

Professor's Name: _____ **Title:** _____

Evaluation Period From: _____ **To:** _____

Department: _____ **Account Number:** _____

Date of Final Dean/Professor Performance Review: _____

Dean's Overall Rating of Professor's Performance:

(The dean will check one. The faculty member's written summary and supporting evidence will be filed in the Division Office.)

- Met the primary performance standard and the applicable secondary performance standards.
- Partially met the primary or secondary performance standards.
- Did not meet the primary performance and/or a majority of the applicable secondary performance standards.

Recognition of Merit:

(Recognition of merit requires meeting the primary and applicable secondary performance standards; the dean will check one or more if applicable. Any supporting materials will stay in the Division Office.)

- Recognition of a significant accomplishment.
- Exceeded the requirements in the primary performance standard and/or secondary performance standards.

Department Director's or Program Director's Comments:

**Department Director's or
Program Director's Signature**

Date

Dean's Comments:

Dean's Signature

Date

Professor's Comments:

Professor's Signature*

Date

* Professor's signature indicates that this evaluation has been discussed with the professor and does not imply agreement with the evaluation rating.