



Los Angeles Community College District

Summary Evaluation of College Academic Vice President

(Form to be completed by College President)

Vice President Name \_\_\_\_\_ College \_\_\_\_\_

Evaluation Year \_\_\_\_\_ President Name \_\_\_\_\_

Annual Basic Evaluation

Comprehensive 360° Evaluation

\_\_\_\_(Check type of evaluation)

From the following categories below, please choose the rating that best signifies your evaluation.

EVALUATION CATEGORIES: Text box below contains character limit. Attach additional sheet(s) if needed

**Leadership Skill and Ability**

Rating:  Strongly Agree  Agree  Disagree  Strongly Disagree  Not observed or inadequate basis to comment

Consider the ability to take initiative, build on a vision, motivate others, exercise judgement and ethical behavior, and fostering a positive campus climate.

Comments and /or Suggestions:

**Communication Skill and Ability**

Rating:  Strongly Agree  Agree  Disagree  Strongly Disagree  Not observed or inadequate basis to comment

Consider communication skills in written and oral form including listening skills and proper dissemination of information to staff in areas of responsibility.

Comments and /or Suggestions:

**Administrative/Managerial Skill and ability**

Rating:  Strongly Agree  Agree  Disagree  Strongly Disagree  Not observed or inadequate basis to comment

*Consider the ability to organize, delegate and fulfill responsibilities; Ability to establish goals and objectives, and develop plans to achieve results. Ability to identify causes of problems, recognize critical elements of the problem, solve them effectively and willingness to accept responsibility for decisions.*

Comments and /or Suggestions:

**Professional Knowledge and Expertise**

Rating:  Strongly Agree  Agree  Disagree  Strongly Disagree  Not observed or inadequate basis to comment

*Consider the depth, breadth, and application of knowledge to the duties of the position and level of commitment to professional growth and participation at college, District, community and state levels.*

Comments and /or Suggestions:

**Use of Assessment Results to Improve Teaching, Learning and Support Services**

Rating:  Strongly Agree  Agree  Disagree  Strongly Disagree  Not observed or inadequate basis to comment

*Consider the extent to which learning outcome assessment results are used to participate in discussion, processes, and/or make improvements to instructional and instructional support programs, teaching and student learning*

Comments and /or Suggestions:

**Authority and Support**

Rating:  Strongly Agree  Agree  Disagree  Strongly Disagree  Not observed or inadequate basis to comment

*Consider ability to carry out duties and the delegation of authority and support to do so.*

Comments and /or Suggestions:

**Step Advance Recommendation (To be completed by College President)**

No recommendation for Step Advance (Overall needs improvement, i.e., a rating of Disagree on two or more rating criteria)

One step Advancement (Requires an Overall Satisfactory evaluation)

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**Vice President Name (Print)**

**Vice President Signature**

**Date**

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**President Name (Print)**

**President Signature**

**Date**

*\*Employee may attach a statement to this form if the signature does not represent agreement with the contents.*