



TEMPORARY FACULTY EVALUATION FORM

Annual evaluations are required for temporary faculty appointed two or more semesters. The primary criterion is teaching effectiveness. Other criteria include currency in the field and proper discharge of other departmental assignments. For additional information, please consult Academic Senate Policy #F99-160, University Policy on Temporary Faculty.

Department: _____ Date of evaluation: _____

Faculty member: _____ Employee ID: _____

Appointment Period: Fall only Spring only Academic year Multi-year

Time Base for current appointment: _____ Current Step: _____

PART I: DEPARTMENT

SECTION A:

- Completed by Department Chair/Equivalent Unit Director, or
- Completed by Department Review Committee

Required:

Student evaluations of teaching effectiveness: Excellent Good Adequate Poor

Optional (at the discretion of the department):

- Classroom evaluation: Excellent Good Adequate Poor
- Course materials: Excellent Good Adequate Poor
- Maintenance of office hours: Excellent Good Adequate Poor
- Other departmental assignments (please specify): Excellent Good Adequate Poor

Explanatory Comments:

**Department Review Committee Signatures
or if no committee, Department Chair Signature:**

PART I: DEPARTMENT (continued)

SECTION B: To be completed by the Department Chair/Equivalent Unit Director only when there is a committee evaluation.

- I concur with the Department Review Committee evaluation.
- I do not concur with the Department Review Committee evaluation.

Explanatory Comments (optional):

SECTION C: To be completed by the Department Chair/Equivalent Unit Director

A copy of this evaluation has been given to the temporary faculty employee or sent to his/her home address. The temporary faculty member may submit a rebuttal statement or response in writing and/or request a meeting be held to discuss the recommendation within 7 days following receipt of the recommendation.

The Temporary Faculty Evaluation Form and the summary of the student evaluations of teaching effectiveness (and rebuttal/response statement if applicable) have been forwarded to the Dean/Director.

Department Chair/Equivalent Unit Director Signature

Date

PART II: COLLEGE

To be completed by the Dean

- I concur with the Department's evaluation.
- I do not concur with the Department's evaluation.
- Comments (optional):

Dean Signature

Date

The Temporary Faculty Evaluation Form and the summaries of student evaluations of teaching effectiveness have been placed in the faculty member's Personnel Action File.

Signature

Date