

PERIODIC EVALUATION OF PART-TIME, TEMPORARY FACULTY FORM

NAME _____ ACADEMIC YEAR _____

DEPARTMENT _____ DATE _____

Insert Time Base (e.g., .80, .533, .267): SU _____ F _____ W _____ SP _____

1. Student evaluations collected in the following courses (list titles/quarters). Attach a copy of the summary sheet for each student evaluation.

*2. Peer evaluations obtained from: list all sources, e.g., Department Peer Review Committee. Attach written evaluation(s). If peer feedback was not received, insert "Not Applicable" below.

3. Department Chair's evaluation, including nature of evidence evaluated.

4 Recommendation for future hiring: Highly recommended
 Recommended
 Recommended with reservations
 Not recommended

(Print Name of Department Chair) (Signature of Department Chair) Date

5. Recommendation for future hiring: Highly recommended
 Recommended
 Recommended with reservations
 Not recommended

Comments (if appropriate):

(Signature of College Dean or Designee) Date

* Evaluations of part-time, temporary faculty unit employees appointed for three or more quarters, regardless of a break in service, shall include student evaluations of teaching performance, evaluations by appropriate administrators and/or department chair, **and an opportunity for peer input from the department or equivalent unit.**

Evaluations of temporary faculty appointed for two quarters or less are at the discretion of the department chair, the appropriate administrator, or the department or equivalent unit. The employee may request that an evaluation be performed.

xc: Original to Personnel Action File
Department File
Faculty Member