

San Francisco State University
Temporary Faculty Evaluation Form

(Refers to CBA Article 15; AS F15-160)

Revised: June 2016

Faculty member: _____ Employee ID: _____

Department: _____ Date of evaluation: _____

Time base for current appointment: _____

Appointment Type*

- **One semester only full or part time**, complete *Section I*
- **Two semesters or more part-time not eligible for 3-year appointment**, complete *Section II*
- **Two semesters or more**, complete *Section III* if:
 - full-time;
 - part-time eligible for 3 year appointment

*Eligibility for 3 year appointment:

- For first 3-year appointment, after 6 or more years of prior cumulative service on campus
- For subsequent 3-year appointments, at end of serving prior 3-year appointment

SECTION I: ONE SEMESTER ONLY APPOINTMENT

Part-time

Full-time

A. Department Chair/School Director Review

Evaluation process/procedure (brief description):

Evaluation Summary (or see attached):

_____/_____
Department Chair/School Director Signature Date

A copy of this evaluation has been given to the lecturer _____
Date

B. Human Resources

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

_____/_____
Signature Date

SECTION II: TWO SEMESTERS (OR MORE) APPOINTMENT

Part-time, not eligible for 3-year appointment

A. Department Chair/School Director Review

	Excellent	Good	Needs Improvement
Student evaluations of teaching effectiveness (SETEs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for peer input (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other department assignments if applicable (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation Summary (or see attached):

Overall Evaluation: Excellent Good Needs Improvement

_____/_____
Department Chair/School Director Signature / Date

A copy of this evaluation has been given to the lecturer _____
Date

Faculty response or rebuttal date (if applicable): _____

B. College Dean Review

Evaluation Summary (or see attached):

Overall Evaluation: Excellent Good Needs Improvement

_____/_____
Dean Signature / Date

A copy of this evaluation has been given to the lecturer _____
Date

Faculty response or rebuttal date (if applicable): _____

C. Human Resources

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

_____/_____
Signature / Date

SECTION III: TWO SEMESTERS (OR MORE) APPOINTMENT

Full time, not eligible for a 3-year appointment

Full time eligible for 3 year appointment

___ cumulative 6 year evaluation period (for first 3-year appointment)

___ cumulative 3 year evaluation period (for subsequent 3-year appointment)

Part time eligible for 3 year appointment

___ cumulative 6 year evaluation period (for first 3-year appointment)

___ cumulative 3 year evaluation period (for subsequent 3-year appointment)

A. Department/School Peer Review Committee or Equivalent Unit Review

	Excellent	Good	Needs Improvement
Student evaluations of teaching effectiveness (SETEs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other criteria as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- classroom review/observation			
- course materials			
- other			
Other department assignments as applicable (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation Summary (or see attached):

Overall Evaluation:	Excellent	Good	Needs Improvement
For full-time, not eligible for appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For full time or part-time, eligible for appointment	Satisfactory	Unsatisfactory	
	<input type="checkbox"/>	<input type="checkbox"/>	

_____/_____
Department/School Peer Review Committee/Equivalent Unit Chair Signature / Date

