

**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**

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\_\_\_\_\_/\_\_\_\_\_  
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**

	<b>Excellent</b>	<b>Good</b>	<b>Needs Improvement</b>
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:	<b>Excellent</b>	<b>Good</b>	<b>Needs Improvement</b>
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	<b>Satisfactory</b>	<b>Unsatisfactory</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_\_\_/\_\_\_\_\_  
Department/School Peer Review Committee/Equivalent Unit Chair Signature / Date

**B. Department Chair/School Director Review**

Evaluation Summary (or see attached):

Overall Evaluation:

**Excellent**

**Good**

**Needs Improvement**

For full-time, not eligible for appointment

For full time or part-time, eligible for appointment

**Satisfactory**

**Unsatisfactory**

\_\_\_\_\_  
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): \_\_\_\_\_

**C. College Dean Review**

Evaluation Summary (or see attached):

Overall Evaluation:

**Excellent**

**Good**

**Needs Improvement**

For full-time, not eligible for appointment

For full time or part-time, eligible for appointment

**Satisfactory**

**Unsatisfactory**

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

**A copy of this evaluation has been given to the lecturer** \_\_\_\_\_

\_\_\_\_\_  
Date

Faculty response or rebuttal date (if applicable): \_\_\_\_\_

**D. 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