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			
part time dilgible for a 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 evaluate been placed in the faculty member's Personnel Action File.	tions of teaching effectiveness, and any faculty rebuttals have			
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)					
Opportunity for peer input (specify):					
Other department assignments if applicable (specify):					
Evaluation Summary (or see attached):					
Overall Evaluation:					
Department Chair/School Director Signature	Date				
A copy of this evaluation has been given to the lecture	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 lectu	rer 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) APPOIN	NTMENT		
Full time, not eligible for a 3-year appointment			
Full time eligible for 3 year appointment			
cumulative 6 year evaluation period (for first 3-ye	ar appointment)		
cumulative 3 year evaluation period (for subsequ	ent 3-year appointr	nent)	
Part time eligible for 3 year appointment			
cumulative 6 year evaluation period (for first 3-ye	ear appointment)		
cumulative 3 year evaluation period (for subsequ	uent 3-year appoint	ment)	
A. Department/School Peer Review Committee or Equiva	lent Unit Review		
	Excellent	Good	Needs Improvement
Student evaluations of teaching effectiveness (SETEs)			
Other criteria as applicable - classroom review/observation - course materials - other			
Other department assignments as applicable (specify):			
Evaluation Summary (or see attached):			
Overall Evaluation: For full-time, not eligible for appointment For full time or part-time, eligible for appointment	Excellent Satisfactory	Good	Needs Improvement
r or rain time or part time, origine for appointment			

Coverall Evaluation: Excellent	B. Department Chair/School Director Review			
For full-time, not eligible for appointment For full time or part-time, eligible for appointment Satisfactory Department Chair/School Director Signature A copy of this evaluation has been given to the lecturer Faculty response or rebuttal date (if applicable): C. College Dean Review Evaluation Summary (or see attached): Excellent Good Needs Improvement For full-time, not eligible for appointment For full-time, not eligible for appointment For full time or part-time, eligible for appointment Dean Signature A copy of this evaluation has been given to the lecturer 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	Evaluation Summary (or see attached):			
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Signature Date	Signature	/ Date		