

DEPARTMENT CHAIR EVALUATION FORM

of Temporary Faculty Unit Employees

The CSU/CFA Collective Bargaining Agreement (Article 15) mandates a periodic evaluation of temporary faculty unit employees appointed for two (2) or more semesters, regardless of break in service. A temporary faculty unit employee appointed for one (1) semester or less shall be evaluated at the discretion of the department chair, the appropriate administrator or department. **This form is to be used only by a tenured faculty unit employee.** The Department Chair or Unit Head is responsible for completing this form, providing a copy of the written evaluation to the faculty member under review and forwarding all materials to the next review level, Dean or appropriate administrator. Upon completion of the review process, this form along with the Dean's or appropriate administrator evaluation and recommendation, and all relevant materials shall be sent to the appropriate office as noted above and placed in the lecturer's designated Personnel Action File (PAF).

Temporary Faculty Appointment Type (check appropriate box):

Semester

1-Year Appointment

Appointment to 1st Three-Year Contract (6-year cumulative evaluation)

3-Year Appointment

Lecturer Name:

Date of Evaluation:

Department:

College:

Evaluation Period:

Evaluator Name and Signature:

Evaluation is based on the following (check all that apply):

Perceived Teaching Effectiveness (PTE) student evaluations (required for those with teaching duties)

Working Personnel Action File (WPAF) submitted by the faculty under review.

Department Peer Review Committee (required for full-time temporary faculty unit employees appointed for two (2) or more semesters)

Optional: Input from Peer and/or Classroom Visitation Evaluations (at the request of the department or faculty member under review)

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ATTACH ADDITIONAL PAGES IF NEEDED

I. Courses Taught (If applicable):

II. Summary Evaluation for Teaching Effectiveness (e.g., course materials, syllabi, PTE's, classroom visitation(s):

III. Acknowledgement of Professional, University, and Community Service Activities:

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IV. Narrative Assessment and Suggestions for Development by the Department Chair or Unit Head:

Strengths:

Improvement Needed:

Overall recommendation (check box):

Satisfactory

Unsatisfactory

Lecturer Acknowledgement:

My signature below acknowledges receipt of this evaluation and does not necessarily indicate agreement with the evaluation. I realize that this evaluation will be placed in my Personnel Action File (PAF). I further realize that I have 10 days following receipt of the recommendation, if I wish, to submit a rebuttal statement or response in writing and/or request a meeting be held to discuss the recommendation and that a copy of the response of rebuttal statement shall accompany the WPAF and be sent to all previous levels of review.

Lecturer Signature:

Date: