2017-2018 Temporary Faculty Evaluation



Employee’s Last Name, First Name:

Employee ID #:

College:

Department:

Appointment Type: 1-year/3-year

Evaluation Type: periodic/cumulative

Evaluation for the period from «BEGIN\_TERM» to «END\_TERM» and may include SPOT evaluation materials from «ADDITIONAL» if they have not been used in a prior periodic/cumulative evaluation.

This evaluation is due in the Office of Faculty Affairs by May 15, 2018.

Note to evaluators: If the faculty member being evaluated has submitted a curriculum vitae, a description of professional accomplishments, a reflective narrative, or a peer evaluation, that information must remain attached when this evaluation is forwarded to the Dean’s Office and to the Office of Faculty Affairs.

# Teaching Performance

## Review of Student Evaluation and Grading

## Provide data for the following table for each class evaluated during the period of review. You may also include any evaluations from the semester prior to the period of review that were not used as part of the last cumulative or periodic evaluation.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Academic Term | Course No. | No. of Students Enrolled | No. of Students Respond |  Mean | StandardDev.\* | Dept. Mean | Dept. SD | School Mean | School SD\* | Class GPA | Dept. GPA at Same Level (LD, UD,GR) |
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 \*Report student evaluation means for question #5 (“The instructor was effective at teaching the subject matter in this course.”), and class GPA at the same level (LD, UD, GR) as the class evaluated.

Comments: Click here to enter text.

## Instructional Materials

## Review information and materials relevant to instruction, if submitted. Constructive comments for improving instructional material are permissible in all rating categories, but are required if the rating is unsatisfactory.

[ ]  Excellent [ ]  Proficient [ ]  Satisfactory [ ]  Unsatisfactory (Comments must be provided)

Comments: Click here to enter text.

## Service to Students

## Provide the information requested below. If appropriate, comment on other service to students provided by the instructor outside of class.

Number of office hours scheduled per week: Click here to enter text.

Are office hours scheduled at times which are reasonably convenient to students in assigned courses?

[ ]  Yes [ ]  No (Explain in comments)

Are office hours held as scheduled with rare exceptions?

[ ]  Yes [ ]  No (Explain in comments)

Comments: Click here to enter text.

# Overall Rating of Teaching

# On the basis of the evidence provided in Sections A, B, and C above, rate the instructor’s overall teaching. Constructive comments for improving performance are permissible in all rating categories, but are required for ratings of unsatisfactory.

[ ]  Excellent [ ]  Proficient [ ]  Satisfactory [ ]  Unsatisfactory (Comments must be provided)

Comments: Click here to enter text.

# Professional Growth & Development

# This section includes scholarly or creative activities and pedagogical contributions to the profession.

[ ]  Required: The assigned duties go beyond teaching responsibilities.

[ ]  Optional: The employee does not have specific assignments in addition to instruction but has chosen to submit evidence of their professional growth and development for evaluation.

Comments: Click here to enter text.

# University & Community Service

# This section includes service to professional organizations.

[ ]  Required: The assigned duties go beyond teaching responsibilities.

[ ]  Optional: The employee does not have specific assignments in addition to instruction but has chosen to submit evidence of their University or community service for evaluation.

Comments: Click here to enter text.

# Overall Performance Rating

On the basis of the evidence presented above, rate the faculty member’s overall performance.

[ ]  Satisfactory [ ]  Unsatisfactory (Comments must be provided)

Comments: Click here to enter text.

# Signatures

**Department Chair or Peer Committee Chair**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Printed Name* |  | *Signature* |  | *Date* |

**Committee Members’ Signatures (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Printed Name* |  | *Signature* |  | *Date* |

|  |  |  |  |  |
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|  |  |  |  |  |
| *Printed Name* |  | *Signature* |  | *Date* |

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|  |  |  |  |  |
| *Printed Name* |  | *Signature* |  | *Date* |

**Signature of Employee**

I have read the above evaluation. My signature indicates neither agreement nor disagreement with it. (As provided in Article 15.5 of the CSU/CFA Collective Bargaining Agreement, the faculty employee may submit a rebuttal statement or response in writing and/or request a meeting be held to discuss the recommendation within ten (10) calendar days following receipt of this recommendation.)

|  |  |  |  |
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|  | *Signature* |  | *Date* |

**Evaluation by Dean or Other Appropriate Administrator**

On the basis of the evidence in this evaluation, the overall performance rating is:

[ ]  Satisfactory [ ]  Unsatisfactory (Comments must be provided via an attached memo)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Printed Name* |  | *Signature* |  | *Date* |

**A final copy of this evaluation must be sent to the employee after Evaluation by the Dean or Other Appropriate Administrator.**

**Signature of Employee**

An additional signature acknowledging receipt of this final evaluation is required if:

* The Dean/Administrator determines the overall performance rating is “Satisfactory” in contradiction with the Chair and/or Committee recommendation; or
* The Dean/Administrator adds any commentary to a “Satisfactory” overall performance rating in agreement with the Chair and/or Committee recommendation; or
* The Dean/Administrator determines the overall performance rating is “Unsatisfactory”

No additional signature is required if the Dean/Administrator determines the overall performance rating is “Satisfactory” in concurrence with the prior recommendations and no additional comments are added.

I have read the above evaluation. My signature indicates neither agreement nor disagreement with it. (As provided in Article 15.5 of the CSU/CFA Collective Bargaining Agreement, a faculty employee may submit a rebuttal statement or response in writing and/or request a meeting be held to discuss the recommendation within ten (10) calendar days following receipt of this recommendation.)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *Signature* |  | *Date* |

Note to Dean’s/Administrator’s Office Staff: If no additional signature is required, please scan this evaluation after Evaluation by the Dean or Other Appropriate Administrator and email the final copy to the employee via email and copy evaluations@csulb.edu.