

TO BE COMPLETED BY DEPARTMENT

Faculty Name:

Department Name:

School

Date of Evaluation:

Temporary Faculty Appointment Type: *(choose one)*

Full Time or Part Time *(choose one)*

3-Year Contract within year one or two

Full Time

Semester or 1-Year Appointment

Part Time

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

Student Evaluation of Teaching Effectiveness (REQUIRED)

Classroom Peer Evaluations (at the request of the department or temporary faculty)

**Input from Department Temporary Faculty Evaluation Committee (TFE)
For Temporary Faculty in FULL-TIME APPOINTMENTS**

**Input from Department Chair / Program Coordinator
For Temporary Faculty in PART-TIME APPOINTMENTS**

Dean Comments:
REQUIRED for FULL-TIME
OPTIONAL for PART-TIME

Brief Written Summary by Department Chair or TFE (attach more pages if needed)

Summary of Student Evaluation of Teaching Effectiveness (SETE)

Acknowledgement of Additional Contributions to the University

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TO BE COMPLETED BY THE EVALUATOR

Print Name of Evaluator:

Evaluator Signature:

Date:

TO BE COMPLETED BY FACULTY MEMBER BEING EVALUATED

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 Personal Action File (PAF). I further realize that I have 10 days, if I wish, to respond in writing; this response would also become part of my Personnel Action File.

Faculty Member Signature:

Date:

DEANS COMMENTS (Required for Full-Time faculty – Optional for Part-time faculty)

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Dean Signature:

Date:

cc: Personnel Action File

QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)