

CUMULATIVE EVALUATION OF TEMPORARY FACULTY

*To be completed for Temporary Faculty eligible for 1st time three-year appointment
or for Temporary Faculty eligible for a Subsequent three-year appointment*

TO BE COMPLETED BY DEPARTMENT

Faculty Name:

School/Department:

Appointment: *(choose one)*

Eligible for 1st three year appointment

Eligible for subsequent three year appointment

Documents Attached to this form: *(please select all that apply)*

Summary of Student Evaluations of Teaching Effectiveness - ROSE **(required)**

Classroom Peer Observations *(At the request of the department or temporary faculty.)*

Department Evaluation: *(Attach additional pages if needed)*

Summary Evaluation:

Evaluation of ROSE Summary:

Peer Evaluation:

Acknowledgement of Additional Contributions to the University, including additional materials provided as evidence:
(These materials will not be placed in the Personnel Action File)

Print Name of Evaluator:

Dept. Evaluator Signature:

Date:

TO BE COMPLETED BY FACULTY MEMBER

My signature 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, if I wish, to respond in writing; this response would also become part of my Personnel Action File.

Faculty Signature:

Date:

QUESTIONS/CONTACT

If you have any questions about completing this form, please email Faculty Affairs & Success at tempfacpro@sonoma.edu

- **Forward this Evaluation Form with attached materials to the College Dean by March 10 with a copy to the faculty member.**