

**TO BE COMPLETED BY COLLEGE DEAN****Faculty Name:****College/Department:****Recommendation:** *This evaluation shall rate the temporary faculty member as either "satisfactory" or "unsatisfactory".*☐ Satisfactory - Satisfactory ratings may include narrative comments including constructive suggestions for development.☐ Unsatisfactory – Unsatisfactory ratings may include reasoning for unsatisfactory recommendation.**Reasons therefore:** *(Type reasons to support recommendation here)- Attach additional pages if needed.***Documents to forward with this Form:** *(please select all that apply)*☐ Cumulative Evaluation of Temporary Faculty Form – including all supporting documents☐ Summary of Student Evaluations of Teaching Effectiveness - ROSE **(required)**☐ Classroom Peer Observations *(At the request of the department or temporary faculty.)***Print Name of College Dean:****Dean Signature:****Date:**

Dean is to email this form with all evaluation materials to Faculty Affairs & Success by May 15: tempfacpro@sonoma.edu with a copy to the faculty member and department chair.

**QUESTIONS/CONTACT**

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