

**CUMULATIVE EVALUATION OF TEMPORARY FACULTY**

*To be completed for Temporary Faculty eligible for 1<sup>st</sup> time three-year contract  
or for Temporary Faculty eligible for a Subsequent three-year contract*

**TO BE COMPLETED BY DEPARTMENT**

**Faculty Name:**

**School/Department:**

**Appointment:** *(choose one)*

Appointment to 1<sup>st</sup> three year contract

Appointment to subsequent three year contract

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

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

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

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

Summary Evaluation:

Evaluation of Student's Evaluation of Teaching Effectiveness 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 Academic Personnel at [tempfacprocess@sonoma.edu](mailto:tempfacprocess@sonoma.edu)

➤ **Forward this Evaluation Form with attached materials to the School Dean**