

TO BE COMPLETED BY SCHOOL DEAN

Faculty Name:

School/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 - SETE **(required)**

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

Print Name of School Dean:

Dean 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:

Return Signed Form to the Dean

Dean is to email this form with all evaluation materials to Faculty Affairs by May 15:

tempfacpro@sonoma.edu

QUESTIONS/CONTACT

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