

**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 Academic Personnel by May 15:

[tempfacpro@sonoma.edu](mailto:tempfacpro@sonoma.edu)

**QUESTIONS/CONTACT**

If you have any questions about completing this form, please email Academic Personnel at [tempfacpro@sonoma.edu](mailto:tempfacpro@sonoma.edu)