

PERIODIC EVALUATION OF TEMPORARY FACULTY FORM

TO BE COMPLETED BY DEPARTMENT						
Faculty Name:						
Department Name:						
School			Date of Evaluation:			
Те	mporary Faculty Appointment Type: (choose one)	Fυ	III Time or Part	: Time (choose one)		
	3-Year Contract within year one or two		Full Time			
Semester or 1-Year Appointment			Part Time			
Evaluation is based on the following (check all that apply)						
	Student Evaluation of Teaching Effectiveness (REQUIRED)					
	Classroom Peer Evaluations (at the request of the department or temporary faculty)					
	Input from Department Temporary Faculty Evaluation Committee (TFE) For Temporary Faculty in FULL-TIME APPOINTMENTS					
	Input from Department Chair / Program Coordinator For Temporary Faculty in PART-TIME APPOINTMENTS					
	Dean Comments:					
	REQUIRED for FULL-TIME					
OPTIONAL for PART-TIME Priof Written Summers by Department Chair or TEE (attach more pages if paged)						
Brief Written Summary by Department Chair or TFE (attach more pages if needed)						
Summary of Student Evaluation of Teaching Effectiveness (SETE)						



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Acknowledgement of Additional Contributions to the University						
If candidate is eligible for a salary range elevation within the next 3 years, this evaluation						
also serves as a positive recommendation						
TO BE COMPLETED BY THE EVALUATOR						
Print Name of Evaluator:						
Fillit Name of Evaluator.						
Evaluator Signature:	Date:					
TO BE COMPLETED BY FACULTY MEMBER BEING EVALUATED						
My signature below acknowledges receipt of this evaluation and does not necessarily indicate agreement with the						
evaluation. I realize that this evaluation will be placed in my Personal Action File (PAF). I full	ther 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 Member Signature:	Date:					
DEANS COMMENTS (Required for Full-Time faculty – Optional for Part-time faculty)						
If candidate is eligible for a salary range elevation within the next 3 also serves as a positive recommendation	years, this evaluation					
	years, this evaluation					
	Date:					
also serves as a positive recommendation						
also serves as a positive recommendation	Date:					