SONOMA STATE UNIVERSITY | FACULTY AFFAIRS & SUCCESS

DEAN CUMULATIVE EVALUATION OF TEMPORARY FACULTY

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 my 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