

INSTRUCTION PAGE

NOTE: If the Lecturer has submitted a curriculum vitae, a description of the year's professional accomplishments and contributions, a reflective narrative and/or a written peer evaluation, that information must remain attached when this evaluation is forwarded to the Dean and Academic Affairs.

EVALUATIONS DUE in Academic Affairs/Department office by

- XXXX XX, 2015 for Fall
- XXXXXX, 2016 for Winter
- XXXXXX, 2016 for Spring

Full-time reports due to Academic Affairs  
Part-time reports due to Department office

Full-time Temporary Faculty (Periodic Evaluation) Call for FAR is March 1. FAR due April 3. File Access is April 17. Chair/Department Committee Evaluation due May 15.

Part-time Temporary Faculty – File Access is April 17. Chair/Department Committee Evaluation due May 15.

	Call for FAR	FAR Due	File Access**	Chair/Dept Comm. Eval Due	College Dean/College Eval Comm. Due
	AP notifies faculty who are scheduled to be reviewed				
Full-time Temporary Faculty (Periodic Evaluation)	Mar. 1	Apr. 3	Apr. 17	May 15	Jun 5
<b>If applicable*</b>	Department/ college notifies faculty who are scheduled to be reviewed	If applicable (based on department)			If applicable,
Part-time Temporary Faculty (Periodic Evaluation)	Mar. 1	Apr. 3	Apr. 17	May 15	Jun 5

LECTURER INFORMATION: campus weblink to policy

**Lecturer Evaluation Form**  
 (Required for all periodic and cumulative evaluations)  
 2016 - 2017

<b>NAME</b>			
<b>DEPARTMENT</b>			
<b>COLLEGE</b>			
<b>YEAR</b>	2016 - 2017		
<b>TIMEBASE</b>	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	Number of WTUs

<b>PERIODIC LECTURER EVALUATION</b>	<input type="checkbox"/> AY 2016 - 2017	<input type="checkbox"/> Fall 2016 Only (Optional*)	<input type="checkbox"/> Winter 2017 Only (Optional*)	<input type="checkbox"/> Spring 2017 Only (Optional*)
<b>CUMULATIVE LECTURER EVALUATION (15.28, 15.29)</b>	<input type="checkbox"/> Initial three-year appointment (12.12)		<input type="checkbox"/> Renewal of three-year appointment (12.13)	

If the assigned duties go beyond teaching responsibilities, those assigned activities should be addressed in sections II and III.

**EMPLOYEE NAME** \_\_\_\_\_

**I. Teaching Performance**

**A. Review of Student Evaluation and Grading**

For each class evaluated during the period of review or since the last evaluation provide the data for the following table (distributed to departments each quarter).

Acad Quarter	Course No.	No. of Stdnts Enroll	Q4 No. of Stdnts Respond	Q4 Lect Mean	Q4 Lect Median	Q5 No. of Stdnts Respond	Q5 Lect Mean	Q5 Lect Median

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\* Report student evaluation means for question # 4 ("How would you rate the overall quality of instruction in this course?") and question #5 ("How would you rate your professor's specific contributions to your learning in this course?").

Comments:

**B. Instructional Materials**

Review information and materials relevant to instruction, if submitted. Constructive comments for improving instructional material are permissible in all rating categories, but are required only for "Unsatisfactory". *Check the appropriate box.*

Overall Recommendation and Comments:

**C. Service to Students**

Provide the information requested below and, if appropriate, comment on other services to the students provided by the instructor outside of class (for example, advising).

Number of office hours schedule per week?	Are these hours scheduled at times which are reasonably convenient to student in assigned classes? <i>If not, explain in Comments section below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are office hours held as scheduled with rare exceptions? <i>If not explain in Comments section below.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Lecturer have an office to meet with Students? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		

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**D. Overall Review of Teaching**

On the basis of the evidence provided in Section I, A, B, and C, rate the instructor's overall teaching. Constructive comments for improving performance are permissible in all rating categories, but are required only for "Unsatisfactory".

Overall Recommendation and Comments:

EMPLOYEE NAME \_\_\_\_\_

**INSTRUCTIONS FOR SECTIONS II AND III****RESEARCH, SCHOLARLY AND CREATIVE ACTIVITY AND UNIVERSITY/COMMUNITY SERVICE**

Check applicable space below and evaluate as appropriate.

**Required**

- If the assigned duties go beyond teaching responsibilities, those assigned activities should be addressed in sections II and III.

**Optional**

- Lecturers without specific assignments in addition to instruction are not expected to, but may choose to, submit evidence of their Research, Scholarly and creative Activity and University/Community service. If such materials are submitted, departments must evaluate the materials even though these areas are not part of the Lecturer's assignment.

**SECTION II****RESEARCH, SCHOLARLY AND CREATIVE ACTIVITY****SECTION III****UNIVERSITY/COMMUNITY SERVICE**

LECTURER INFORMATION: [campus weblink to policy](#)

**SECTION IV**

**OVERALL PERFORMANCE REVIEW**

On the basis of the evidence in Section I (and Sections II and III, if required, or if the lecturer has chosen to, submit evidence for these Sections), review the lecturer's overall performance.

Comments:

EMPLOYEE NAME \_\_\_\_\_

SIGNATURE OF DEPARTMENT CHAIR OR PEER COMMITTEE CHAIR *(See Instructional Memo.)*

SIGNATURE	PRINT NAME	TITLE	DATE

Separate Department Chair evaluation provided. *(ATTACH)*

OTHER COMMITTEE MEMBERS' SIGNATURES *(IF APPLICABLE)*

COMMITTEE MEMBER SIGNATURE	PRINT NAME	DATE

SIGNATURE OF EMPLOYEE	
I have read the above evaluation. My signature indicates neither agreement nor disagreement with it. (As provided in Section 15.5 of the CSU-CFA Collective Bargaining Agreement, the faculty member may submit a rebuttal statement or response in writing and/or request a meeting be held to discuss the recommendation within ten (10) calendar days following receipt of this recommendation.)	
EMPLOYEE SIGNATURE	DATE

LECTURER INFORMATION: campus weblink to policy

EVALUATION BY DEAN OR OTHER APPROPRIATE ADMINISTRATOR	
<b>OVERALL PERFORMANCE RATING</b>	
On the basis of the evidence in Section I (and Sections II and III, if required, or if the lecturer has chosen to, submit evidence for these Sections), rate the lecturer's overall performance. ( <i>Check the appropriate box. Comments are <b>required</b> for "Unsatisfactory" ratings.</i> )	
Satisfactory	Unsatisfactory <i>(Comments must be provided)</i>
<input type="checkbox"/>	<input type="checkbox"/>
Comments:	
DEAN/ADMINISTRATOR SIGNATURE	DATE
SIGNATURE OF EMPLOYEE	
I have read the above evaluation. My signature indicates neither agreement nor disagreement with it. (As provided in Section 15.5 of the CSU-CFA Collective Bargaining Agreement, the faculty member may submit a rebuttal statement or response in writing and/or request a meeting be held to discuss the recommendation within ten (10) calendar days following receipt of this recommendation.)	
EMPLOYEE SIGNATURE	DATE

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