

CUMULATIVE EVALUATION OF TEMPORARY FACULTY

*To be completed for Temporary Faculty eligible for 1st time three-year contract
or for Temporary Faculty eligible for a Subsequent three-year contract*

TO BE COMPLETED BY DEPARTMENT

Faculty Name:	
School/Department:	
Appointment: <i>(choose one)</i>	
<input type="checkbox"/>	Appointment to 1 st three year contract
<input type="checkbox"/>	Appointment to subsequent three year contract
Documents Attached to this form: <i>(please select all that apply)</i>	
<input type="checkbox"/>	Summary of Student Evaluations of Teaching Effectiveness - SETE (required)
<input type="checkbox"/>	Classroom Peer Observations <i>(At the request of the department or temporary faculty.)</i>
Department Evaluation: <i>(Attach additional pages if needed)</i>	
Summary Evaluation:	
Evaluation of Student's Evaluation of Teaching Effectiveness Summary:	
Peer Evaluation:	
Acknowledgement of Additional Contributions to the University, including additional materials provided as evidence: <i>(These materials will not be placed in the Personnel Action File)</i>	
Print Name of Evaluator:	
Dept. Evaluator 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:
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QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)

➤ **Forward this Evaluation Form with attached materials to the School Dean**