APPENDIX 27B
PERIODIC EVALUATION OF TEMPORARY FACULTY
California State Polytechnic University, Pomona

NAME ___________________________ DEPARTMENT _______________________

Period Covered by Evaluation __________________________

DEPARTMENT COMMITTEE EVALUATION OF TEACHING PERFORMANCE

A. Student Evaluations (Required for all temporary faculty)
   1. Course(s) evaluated by students during evaluation period:

   2. Summary and interpretation of student evaluations (Please attach appropriate documentation).

B. Evaluation of teaching performance based on other factors (Such as classroom observations by faculty, syllabi, outlines, examinations, handouts and other course materials.)

C. Summary Statement (Required for full-time faculty)

D. Signatures of the Members of the Department Committee

   ___________________________________  ___________________________________
   ___________________________________  ___________________________________
   ___________________________________  ___________________________________

E. Date Evaluation Prepared ___________________________

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Revised May 2013
DEPARTMENT CHAIR’S STATEMENT

Signature of Chair ___________________________ Date ______________

DEAN/DIRECTOR (Check applicable boxes and provide comments)

☐ Annual Evaluation (required for full-time temporary faculty)
☐ Initial 3-year Entitlement Evaluation (Articles 15.20(d) and 15.28 of the CBA)
☐ Subsequent 3-year Entitlement Evaluation (Articles 15.20(d) and 15.29 of the CBA)

DEAN/DIRECTOR’S STATEMENT/COMMENTS

Check Relevant Box Below If This Evaluation is for Determination of Initial 3-year Entitlement OR Subsequent 3-year Entitlement

☐ Satisfactory Issue 3-year entitlement

☐ Unsatisfactory – see reason for determination above (Dean/Director’s Statement) Do not issue 3-year entitlement

Signature of Dean/Director ___________________________ Date ______________

I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Dean or Director.

Signature of Faculty Member ___________________________ Date ______________

*CBA refers to the CSU/CFA Collective Bargaining Agreement

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Revised May 2013