

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 _____

DEPARTMENT CHAIR'S STATEMENT

Signature of Chair

Date

DEAN/DIRECTOR'S STATEMENT (Required only for full-time faculty)

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