



<b>NAME</b>			
<b>DEPARTMENT</b>			
<b>COLLEGE</b>			
<b>YEAR</b>	<b>2009-2010</b>		
<b>TIMEBASE</b>	<input type="checkbox"/> <b>PART-TIME</b>	<input type="checkbox"/> <b>FULL-TIME</b>	<b>Number of WTUs</b>

<b>LECTURER EVALUATION</b>	<input type="checkbox"/> <b>AY 2009-2010</b>	<input type="checkbox"/> <b>Fall 2009 Only (Optional*)</b>	<input type="checkbox"/> <b>Spring 2010 Only (Optional*)</b>
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**DESCRIPTION OF DUTIES** If the duties described in the position description\* go beyond teaching responsibilities, the position description **must** be attached.

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 to the Office of Academic Personnel.

**EVALUATIONS DUE in the Office of Faculty Affairs by**

- December 18, 2009 for Fall
- May 21, 2010 for Spring

\* Please refer to Faculty Affairs September 4, 2009 INSTRUCTIONAL memo for directions on the evaluation of lecturers.

**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 semester):

Acad Sem	Course No.	No. of Stdnts Enroll	No. of Stdnts Respond	Lect Mean	Lect SD*	Dept Mean	Dept SD	School Mean	School SD*	Class GPA	Dept GPA at Same Level (LD, UD,GR)

\*Report student evaluation means for question #8 ("overall effectiveness"), and class GPA at the same level (LD, UD, GR) as the class evaluated.

**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 "Needs Improvement" and "Unsatisfactory". **Check the appropriate box.**

Excellent	Proficient	Satisfactory	Needs Improvement <i>(Comments must be provided)</i>	Unsatisfactory <i>(Comments must be provided)</i>
<b>Comments</b>				

**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
Explain, in Comments section below, other ways services are provided to students?		

**Comments:**

**D. Overall Rating 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 "Needs Improvement" and "Unsatisfactory". **Check the appropriate box.**

Excellent	Proficient	Satisfactory	Needs Improvement <i>(Comments must be provided)</i>	Unsatisfactory <i>(Comments must be provided)</i>
<b>Comments</b>				

EMPLOYEE NAME

**INSTRUCTIONS FOR SECTIONS II AND III PROFESSIONAL GROWTH AND DEVELOPMENT AND UNIVERSITY/COMMUNITY SERVICE**

Check applicable space below and evaluate as appropriate.

- Required**  
Complete Sections II and III if the lecturer's announced position description required activity in these areas.
- Optional**  
Lecturers without specific assignments in addition to instruction are not expected to, but may choose to, submit evidence of their Professional Growth and Development and 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 PROFESSIONAL GROWTH AND DEVELOPMENT (INCLUDING SCHOLARLY/CREATIVE ACTIVITIES AND PEDAGOGICAL CONTRIBUTIONS TO THE PROFESSION)**

**SECTION III UNIVERSITY/COMMUNITY SERVICE (INCLUDING SERVICE TO PROFESSIONAL ORGANIZATIONS)**

**SECTION IV  
OVERALL PERFORMANCE RATING**

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.

Check the appropriate box. Comments are *required* for "Needs Improvement" and "Unsatisfactory" ratings.

Excellent	Proficient	Satisfactory	Needs Improvement <i>(Comments must be provided)</i>	Unsatisfactory <i>(Comments must be provided)</i>
Comments				

**Attach Signature Page.**

**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

**REVIEW BY DEAN OR OTHER APPROPRIATE ADMINISTRATOR**

I have read the above evaluation, and I have no reason to disagree with it or add to it.

I have read the above evaluation, and I have added further evaluative statements for the reason indicated herein.

**EVALUATION BY DEAN**

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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