**Program Director or Department Chair evaluation**

**for Part Time Temporary Faculty Unit 3 Employees**

**not Eligible for a Three-Year Appointment**

Temporary faculty Unit 3 employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester(s) / Year of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class(es) reviewed in this cycle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Student evaluation of instruction (if applicable):
2. Additional elements:

1. Overall recommendation:

 Satisfactory Unsatisfactory

1. Narrative comments and suggestions for development:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Program Director

I have been provided a copy and have read the evaluation. Evaluations are taken into consideration for subsequent appointments.

Faculty member Date \_\_\_\_\_\_\_

*Note: This form must be signed and returned by the Lecturer. It will be placed in the Lecturer’s PAF. If the evaluation is not signed and/or returned in 10 days, it will be placed in the Lecturer’s PAF unsigned. Faculty members have ten (10) days to respond following the receipt of the evaluation, if they wish to do so.*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Dean/Associate Dean

**Peer input to the evaluation (optional) for**

**ALL Temporary Faculty Unit 3 Employees**

Temporary faculty Unit 3 employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester(s) / Year of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class(es) reviewed in this cycle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Report on classes observed or material reviewed:

Peer evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

NOTES: *This form will be placed in the faculty member’s PAF. Faculty members have ten (10) days to respond following receipt of the form, if they wish to do so.*

*Information about peer coaching/peer mentoring is available in the Faculty Center.*

**PRC evaluation for**

**Full-time Temporary Faculty Unit 3 Employees And Part-Time Temporary Faculty Unit 3 Employees Eligible for or Holding A Three-Year Appointment**

Temporary faculty Unit 3 employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester(s) / Year of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class(es) reviewed in this cycle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Student evaluation of instruction (if applicable):
2. Additional elements:

1. Overall recommendation:

 Satisfactory Unsatisfactory

1. Narrative comments and suggestions for development:

PRC member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

PRC member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

PRC member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

I have been provided a copy and have read the evaluation.

Faculty member Date

*Note: This form must be signed and returned by the Lecturer. It will be placed in the Lecturer’s PAF. If the evaluation is not signed and/or returned in 10 days, it will be placed in the Lecturer’s PAF unsigned. Faculty members have ten (10) days to respond following the receipt of the recommendation, if they wish to do so.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Dean/Associate Dean

**Appropriate Administrator evaluation for**

**Full-time Temporary Faculty Unit 3 Employees And Part-Time Temporary Faculty Unit 3 Employees Eligible for or Holding Three Year Appointments**

Temporary faculty Unit 3 employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester(s) / Year of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class(es) reviewed in this cycle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Student evaluation of instruction (if applicable):
2. Additional elements:

1. III. Overall recommendation:

 Satisfactory Unsatisfactory

1. Narrative comments and suggestions for development (note: if an unsatisfactory determination is reached, the reasons for the determination must be specified in writing):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Dean/Associate Dean

I have been provided a copy and have read the evaluation. Evaluations are taken into consideration for subsequent appointments.

Faculty member Date

*Note*: *This form must be signed and returned by the Lecturer. It will be placed in the Lecturer’s PAF. If the evaluation is not signed and/or returned in 10 days, it will be placed in the Lecturer’s PAF unsigned. Faculty members have ten (10) days to respond following the receipt of the evaluation, if they wish to do so.*