

HUMAN RESOURCES

100 Campus Center • Seaside, CA 93955 T (831) 582-3389 • F (831) 582-4736 academic_personnel@csumb.edu

Lecturer Annual Evaluation Form

Lecturer Name				
Department				
Semesters Evaluated				
Time base	Spring: Fal	11:		
Appointment Type	☐ Semester/Academic Year ☐ Three Year Contract (Year 2)			
primary criterion is teaching of other departmental responsibilities given to the faculty members	effectiveness. Other teaching re ilities. If non-teaching duties are er at the time of hire. For additi alendar on the CSUMB Univer	ed for two or more semesters, regardless of a break in service. The lated criteria include currency in the field and proper discharge of e assigned, a description of those duties and evaluation criteria must onal information, please consult CSUMB Lecturer Evaluations resity Personnel website. 1: Department		
1) Review of Student Evalu	ations			
Teaching Assignments - Spring		Teaching Assignments - Fall		
List of course(s) evaluated by	students during evaluation peri	od:		
Summary and interpretation of	of student evaluations:			

 \square Check here if additional pages of comments are attached.

2) Instructional Materials and/or Other Professional Performance

Review information and materials relevant to instruction, such as syllabi, outlines, handouts and other course materials. Evidence of merit or constructive comments for improving instructional material are permissible in all rating categories, but suggestions for improvement are <u>required</u> for "Needs Improvement" and "Unsatisfactory". *Check the appropriate box*.

Outstanding	Very Good/Commendable	Satisfactory	Needs Improvement (Comments must be provided)	Unsatisfactory (Comments must be provided)	
Comments	Check hore if addition		ta are etteched		
	☐ Check here if additional pages of comments are attached.				

3) Overall Rating of Teaching Performance and/or Other Professional Performance

Consider such factors as competence in the discipline, ability to communicate ideas effectively, versatility and appropriateness of teaching techniques, organization of course, methods of evaluating student achievement, relationship with students in class, accessibility to students and effectiveness of student consultations, timeliness and appropriateness of grading, and other factors relating to performance as a teacher. Peer observation (classroom visits) and peer input (identified by name) may be used. Evidence of merit or constructive comments for improving performance are permissible in all rating categories, but suggestions for improvement are required for "Needs Improvement" and "Unsatisfactory". *Check the appropriate box.*

Outstanding	Very Good/Commendable	Satisfactory	Needs Improvement (Comments must be provided)	Unsatisfactory (Comments must be provided)
Comments	Charle have 16 and 11st			

☐ Check here if additional pages of comments are attached.

	Committee Member Signature	Print Name	Date		
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Signature o	of Department Chair				
	Signature	Print Name	Date		
Signature o	of Lecturer				
	Signature	Print Name	Date		
	To be co	ompleted by Department Chair			
	Date sent to Lecturer: NOTE: 10 Day Rebuttal period				
	Date sent to Dean:				
☐ Separat	e Department Chair Evaluation attached	d (if applicable).			
	PAR	T II: Dean/Administrator			
D i l	Dean / Administration				
	by Dean/Administrator	cuments and rebuttals (if any) and I agree with it.			
	_		<u>L</u>		
I have rea	ad the above evaluation and I have added for	urther evaluative statements below.			
Addition	al comments by Dean/Administrator				
riddition	ar comments by Dean/Romanistrator				
	Check here if additional pages of comments a	re attached.			
	Dean/Administrator Signature	Print Name	Date		
	T	o be completed by Dean			
Original	Date sent to Academic Personnel:				
Copies	pies Date sent to Lecturer: NOTE: 10 Day Rebuttal pe				
	Date sent to Department Chair:				

Additional Page for Comments

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