

#### **UNIVERSITY PERSONNEL**

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#### **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 responsible be given to the faculty member	effectiveness. Other teaching resilities. If non-teaching duties are at the time of hire. For additional alendar on the CSUMB University PART	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.  T: Department			
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 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	Chack have if addition	nol pages of common	ats are attached		
	☐ 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				

☐ Check here if additional pages of comments are attached.

	Committee Member Signature	Print Name	Date		
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			
Paviow k	by Dean/Administrator				
		cuments and rebuttals (if any) and I agree with it.			
	<del>_</del>				
I have rea	ad the above evaluation and I have added for	urther evaluative statements below.			
Addition	al comments by Dean/Administrator				
	~				
	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 Date sent to Lecturer:		NOTE: 10 Day Rebuttal period			
	Date sent to Department Chair:				