|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *This form is for informational purposes only. All evaluations will be entered in eFaculty.* | | | | | | | |
| **Annual Evaluation - Form 2**  To be used as the secondary form by reviewers after a [Periodic Evaluation - Annual - Form 1](https://www.sjsu.edu/up/docs/periodic-evaluation-annual-form1.docx) has been submitted at a prior level of review. Please provide your comments on the annual evaluation of the faculty member. Appropriate administrators **must** provide comments about **full-time faculty** in annual evaluations. | | | | | | | |
| A chair who served on the department committee shall not submit another evaluation. If this rule applies in this case, you may proceed in one of 3 ways:   1. Request that an Administrator remove the "chair committee" from the case. 2. Using manager privileges, remove the requirement to complete this form. 3. Fill in required elements of the form only, but indicate no rating is being provided. | | | | | | | |
|  | | | | | | | |
|  | **Faculty Name\*** | | | | | |  |
|  | Click or tap here to enter text. | | | | | |  |
|  |  | | | | | |  |
|  | | | | | | | |
|  | **Reviewer Name\*** | | | | | |  |
|  | Click or tap here to enter text. | | | | | |  |
|  |  | | | | | |  |
|  | | | | | | | |
|  | **Review Level\*** | | | | | |  |
|  | Select an option | | | | | |  |
|  |  | | | | | |  |
|  | | | | | | | |
|  | **Please rate the overall performance of the faculty member on the scale below.** | | | | | |  |
|  | Select an option | | | | | |  |
|  |  | | | | | |  |
|  | | | | | | | |
|  | **Comments** | | | | | |  |
|  | You may comment on the case to explain the rating above. Comments are not required unless:   * The lecturer has assignments in more than one area of professional responsibility, and you wish to “carve out” a portion of the job performance to apply a different rating to it. Please explain here. * The faculty member has a full-time assignment in the department or unit. * The rating above is "Needs Improvement" or "Unsatisfactory." | | | | | |  |
|  | Click or tap here to enter text. | | | | | |  |
|  |  | | | | | |  |
|  | | | | | | | |
|  | **Submit Form** |  | **Save Responses** |  | **Return to Case** |  | |