

Appendix D-2

Part-Time Lecturer Evaluation for Advancement Short Form for Spring 2020
Advancement Only

PTLs who wish to be considered for advancement for Spring 2020 only, must complete Section I of this Form and submit it along with the supporting documentation outlined in Section II **no later than September 20, 2019**. This Short Form shall be used only for: a) PTLs who have taught as a PTL for twelve (12) to twenty-three (23) semesters through the Fall 2019 semester and who request to be considered for advancement to PTL 2 beginning in the Spring 2020 semester; or b) PTLs who have taught as a PTL for twenty-four (24) or more semesters through the Fall 2019 semester and who request to be considered for advancement to PTL 3 beginning in the Spring 2020 semester. For those PTLs eligible for Advancement to PTL 2 or PTL 3 in the Spring 2020 semester only, a class observation, pursuant to Article IX, is not required in order to qualify for that advancement.

I. PTL Information

Name _____ Date _____

Unit/Department _____ Campus _____

If teaching across multiple units/departments, please provide additional information below:

Unit/Department _____ Campus _____

Number of prior semesters of appointment taught as a PTL ____

Consideration for Advancement to ____ PTL 2 or ____ PTL 3

II. Supporting Documentation

Please attach the following:

- A chronological list of all semesters of appointment as a PTL and the course(s) taught in each semester, including courses currently being taught as a PTL. Include campus/unit/department, course number and course title;
- Teaching portfolio including, at a minimum, a reflective narrative of the PTL's teaching;
- Four most recent syllabi;
- Two most recent exams, formal assignments or tests; and
- Any additional material that the PTL wishes to be considered in the evaluation.

Part-Time Lecturer Signature

Date

III. Prior Evaluations

To be completed by the Department Chair:

Date(s) of Prior Departmental Evaluation(s): _____

Method of Evaluation(s) e.g., SIRS, Class observation, etc. _____

Summary of Prior Evaluation(s):

If no prior evaluation, please provide an evaluation:

IV - Department Chair's Recommendation

By signing below, the Chair certifies that he/she has reviewed the PTL's personnel file, including a review of prior evaluations and class observations (if any).

Chair's Recommendation: (check the appropriate terms):

____ Recommends Advancement to ____ PTL 2 ____ PTL 3

____ Does Not Recommend Advancement

Department Chair Signature

Date

V - Dean's Recommendation

The Dean shall make the final decision with respect to the review and movement to PTL 2 or PTL 3 and shall notify the PTL of the decision, in writing, no earlier than ten (10) days prior to the end of the Fall 2019 semester and no later than twenty (20) days after the close of the Fall 2019 semester.

Dean's Commentary:

Dean's Recommendation (check the appropriate terms):

____ Recommends Advancement to ____ PTL 2 ____ PTL 3

____ Does Not Recommend Advancement

Dean's Signature

Date

C: PTL
Personnel File