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|  | **AP 109-VPSA**Counselor Faculty Evaluation FormFor Use with Interfolio WPAF<http://www.academic-personnel.calpoly.edu> 🡪 Forms |

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| **Temporary Faculty Member Being Evaluated:**  *(name)***DATE:** **UNIT:**  **DEPARTMENT:** **Counseling Services** |
|  ***This is a periodic review for (select one of the following evaluation types):*** |
|  | ***[ ]  6th year Cumulative Review*** *- required to establish eligibility for initial 12.12 3-year appointment; review covers 6 years* |
|  | ***[ ]  3rd year Cumulative Review*** *- required to establish eligibility for subsequent 12.13 3-year appointment; review covers 3 years* |
|  | ***[ ]  Annual Periodic Review*** *- non-cumulative; review covers one year* |

**COMMENTS OF VICE PRESIDENT FOR STUDENT AFFAIRS:**

**I. Rating Required for Cumulative Evaluations:** *(If applicable)*

Counselor faculty eligible for an initial or subsequent three-year appointment under Provisions 12.12 or 12.13 who are receiving a 3rd year or 6th year cumulative periodic review must be rated in one of the following categories.

 **On the basis of the foregoing evaluation, this temporary faculty member’s overall cumulative performance is rated:**

 *1.* ***[ ]***  *Satisfactory – has performed in a satisfactory manner in carrying out the duties of his/her position*

 *2.* ***[ ]***  *Unsatisfactory – has NOT performed in a satisfactory manner in carrying out the duties of his/her position*

 **for the following reasons:**

By signing below, I agree with the above evaluation and acknowledge my evaluation resulted from thorough review of the Personnel Action File (PAF) and the Working Personnel Action File (WPAF). My signature also certifies that I did not copy, share, or reproduce the documents and materials contained within the candidate’s PAF or WPAF.

*Date*

*Keith Humphrey, Vice President for Student Affairs*