



SACRAMENTO STATE

Information Resources & Technology

Date Called:

Assistant: (Print)

Called: Emailed:

Faculty Evaluation Process Form

A. Please Print the following Information:

Name:

Phone:

Today's Date:

Department:

Email Address:

SacLink ID:

B. Please Fill in the following Information:

Semester of Evaluation:

Year of Evaluation:

Number of Questions:

Number of Report Copies: (1-3 max)

Are all Headers are coded with "55" for the Year?

Is each Header on top of its related responses?

Are all Responses coded with the correct Year?

Is each Course Code unique?

Are the Evaluation questions included?

Interession/Department Assigned Course Numbers

The following Information is required:

(Please list the information on a separate paper for each Professor)

- Unique 5 Digit Course Code
- Instructor's Name
- Course Title
- Course Number
- Course Section

C. Data Center Only:

Student Survey File:

Date Scanned:

Date Processed:

Scanned By:

Number of Forms:

Processed By:

D. Help Desk Only:

Time Stamp In:

Log Number:

Picked Up By:

Time Stamp Out:

Receiving Assistant: (Print)

Releasing Assistant: (Print)

Are Questions Included:

Problem Report Explained: