



FACULTY SELF EVALUATION

NAME: _____ DATE: _____
TERM: _____ AREA: _____ DEPARTMENT: _____
CURRENT ASSIGNMENT/EDUCATIONAL PROGRAM AREA: _____

1. Please list your accomplishments and contributions to teaching and your respective program area, professional growth and currency, area and departmental contributions and service to the college as a whole. Community service, though optional, may be commented upon at your discretion.
2. Complete and submit to your immediate supervisor to be included in your evaluation.

I. ACCOMPLISHMENTS AND CONTRIBUTIONS RELATED TO FACULTY ASSIGNMENT(S):

- II. PROFESSIONAL DEVELOPMENT:** List or describe activities which demonstrate a pattern of academic, professional and/or technical updating and currency in your teaching field, i.e., courses taken (include dates), conferences, professional awards, staff development activities, visitations to other educational institutions, agencies or organizations, self-directed study, upgrading, etc.

- III. AREA AND DEPARTMENTAL RESPONSIBILITIES:** List or describe activities which demonstrate a pattern of contributions to your academic area, department and program outside the classroom.
- IV. COLLEGE-WIDE SERVICE:** List or describe activities which demonstrate a pattern of service to the college as a whole, i.e., participation in college governance, college-wide committees, project teams, student organizations, state-wide organizations, accreditation functions, etc.
- V. COMMUNITY SERVICE:** The College values the contributions made to the local communities by the instructional staff. However, such contributions are at the option of the instructor and are not a formal requirement of the full-time college instructor. This space is provided for you to insert a record of such contributions should you so desire. Information supplied is optional and is provided at your discretion.

VI. OTHER INFORMATION: Please provide any other information you feel is relevant to a balanced and comprehensive evaluation of your performance and contributions to teaching and to the college district as a whole, i.e., unique situations, mitigating factors, etc.

Employee's Signature _____

Date _____