

Faculty Name:      Supervisor:

PERFORMANCE/SELF-ASSESSMENT AY

RESPONSIBILITY AREA (REQUIRED): INSTRUCTION (CLASSROOM)

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| Classroom Performance | Narrative |
| 1. Content mastery is evident |       |
| 2. Engagement with students is apparent |       |
| 3. Learning is assessed |       |
| 4. Planning and/or intentionality is evident |       |
| 5. Environment is conducive to learning |       |
| 6. Positive comportment is demonstrated |       |

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| Instructional Practices | Narrative |
| 1. Incorporates innovative practice(s) asappropriate. |       |

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| Course and Program Level Assessment | Narrative |
| 1. Actively participates in assessment at alllevels. |       |
| 2. Assesses effectiveness of own courses within the context of larger programassessment. |       |
| 3. Incorporates results of assessments intocurricular and other revisions. |       |

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| Management of classroom, instructionalequipment, lab, shop, or clinic | Narrative |
| 1. Classroom, lab, shop, or clinic (physical or virtual) policies and/or procedures are clearly communicated in writing tostudents. |       |
| 2. Classroom, lab, shop, or clinic (physical or virtual) area is well-maintained by facultymember. |       |
| 3. Classroom, lab, shop, or clinic (physical or virtual) area is maintained in accordancewith accepted safety standards and/or ADA compliance guidelines. |       |

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| 4. Orders supplies for classroom, lab, shop, or clinical area (physical or virtual) within budget, following current Collegepolicies. |       |

RESPONSIBILITY AREA (REQUIRED): COLLEGE SERVICE

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| College Service and Community Service (beyondthe normal scope of responsibility) | Narrative |
| 1. Serves as chair or member of 1 or morecollege-level committees. |       |
| 2. Serves on ad-hoc, hiring, or other campus committees or groups (including servingas student club advisor). |       |
| 3. Actively participates in college-sponsoredtraining and professional activities. |       |

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| Development and Revision of Curriculum andCourses | Narrative |
| 1. Regularly reviews curriculum, curricularmaterials, and assessments. |       |
| 2. Follow appropriate process(es) for curricular changes. *Reports from the assessment database can be attached as evidence of curricular**development/revision.* |       |

RESPONSIBILITY AREA (REQUIRED): PROFESSIONAL DEVELOPMENT

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| Professional Improvement Activities –Educational and Occupational | Narrative |
| 1. Attends professional improvement such as seminars, workshops, training, and/orcoursework. |       |

RESPONSIBILITY AREA (AUXILLARY): SCHOLARLY ACTIVITIES

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| Scholarly Activities | Narrative |
| 1. Participates in activities such as presentations, publication, developmentof projects, and/or research that relates to the discipline. |       |

RESPONSIBILITY AREA (AUXILLARY): PROFESSIONAL/OCCUPATIONAL RECOGNITION

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| Professional/Occupational Recognition | Narrative |
| 1. Receives professional/occupationalrecognition such as awards, certifications, or honors. |       |

RESPONSIBILITY AREA (AUXILLARY): PARTICIPATION IN PROFESSIONAL ORGANIZATIONS

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| Participation in Professional Organizations | Narrative |
| 1. Maintains membership in organizationsdirectly related to the discipline. |       |
| 2. Serves as an officer, participates in meetings, or other direct service to theprofessional organization. |       |

RESPONSIBILITY AREA (AUXILLARY): SERVING ON ADVISORY BOARDS, CONSULTING, AND RELATED ACTIVITES

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| Serving on Advisory Boards, Consulting, andRelated Activities | Narrative |
| 1. Serves as consultant to industry, education, discipline, or other organizations relating to the instructionalfield. |       |

RESPONSBILITY AREA (AUXILLARY): CREATE AND ORGANIZE CAMPUS OR COMMUNITY EVENTS

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| Create and/or Organize Campus or CommunityEvents | Narrative |
| 1. Works with necessary areas/employeesto help organize or create campus or community events. |       |

DIRECTOR COMMENTS/RESPONSE (Optional)

FACULTY COMMENTS/RESPONSE (Optional)

Faculty signature does not necessarily indicate agreement with this evaluation and is required only to indicate that you have had an opportunity to review it and discuss the contents with your division director.

The following signatures indicate that this evaluation has been reviewed:

FACULTY SIGNATURE: DATE:

DIRECTOR SIGNATURE: DATE:

 DEAN/CEO SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: