FACULTY SELF-EVALUATION FORM

NAME:

RANK:

DATE OF EMPLOYMENT: EVALUATION PERIOD: Sept. 20__ - Aug. 20__

Criteria for evaluating the performance of faculty.

(8) Excellent - (4) Average - (0) Poor

Instructions: Using the attached guidelines for the following criteria, evaluate your own performance for the current evaluation period, including for each criterion a description of your strengths and areas for growth. Provide specific information in support or explanation of your ratings. Refer or respond to student evaluations where applicable. Please keep in mind that a rating of 4 should reflect an average or typical level of performance. Attach additional sheets as necessary.

	(8) (4) (0)	Factor Weight	Total
1. Effectiveness in the classroom	•---------•---------•	X 5	____

List courses and other components of your teaching load each term:

List other assignments that were not part of your official teaching load:

Approximate number of students per term:

Number of preparations per term:

	8 4 0		
2. Competence in the discipline	•---------•---------•	X 3	____
	8 4 0		
3. Effectiveness in advising	•---------•---------•	X 3	____

How many students were assigned to you over the current evaluation period?

4. Special service to students (outside official classroom and advising contexts)	•---------•---------•	X 2	____

	8 4 0		
5. Service to institution	•---------•---------•	X 2	____
	8 4 0		
6. Professional activities and growth	•---------•---------•	X 2	____
7. Research and publications	•---------•---------•	X 2	____
8. Cooperation, collegiality, dependability	•---------•---------•	X 2	____

9. Contributions to the community beyond the college campus	8 4 0 •---------•---------•	X 1	____

Total Points _____

10. Discuss other activities and interests that help describe you. (Not to be rated.)

11. Describe your goals (including for professional development) for the future. (Not to be rated.)

Optional comments by supervisor (add additional pages as necessary):

_____ _____

Supervisor's signature Faculty member's signature

Date:_____ Date:_____