



Faculty Name:

Supervisor:

PERFORMANCE/SELF-ASSESSMENT AY \_\_\_

**RESPONSIBILITY AREA (REQUIRED): INSTRUCTION (CLASSROOM)**

<b>Classroom Performance</b>	<b>Narrative</b>
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	

<b>Instructional Practices</b>	<b>Narrative</b>
1. Incorporates innovative practice(s) as appropriate.	

<b>Course and Program Level Assessment</b>	<b>Narrative</b>
1. Actively participates in assessment at all levels.	
2. Assesses effectiveness of own courses within the context of larger program assessment.	
3. Incorporates results of assessments into curricular and other revisions.	

<b>Management of classroom, instructional equipment, lab, shop, or clinic</b>	<b>Narrative</b>
1. Classroom, lab, shop, or clinic (physical or virtual) policies and/or procedures are clearly communicated in writing to students.	
2. Classroom, lab, shop, or clinic (physical or virtual) area is well-maintained by faculty member.	
3. Classroom, lab, shop, or clinic (physical or virtual) area is maintained in accordance with accepted safety standards and/or ADA compliance guidelines.	

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

**RESPONSIBILITY AREA (REQUIRED): COLLEGE SERVICE**

<b>College Service and Community Service (beyond the normal scope of responsibility)</b>	<b>Narrative</b>
1. Serves as chair or member of 1 or more college-level committees.	
2. Serves on ad-hoc, hiring, or other campus committees or groups (including serving as student club advisor).	
3. Actively participates in college-sponsored training and professional activities.	

<b>Development and Revision of Curriculum and Courses</b>	<b>Narrative</b>
1. Regularly reviews curriculum, curricular materials, and assessments.	
2. Follow appropriate process(es) for curricular changes. <i>Reports from the assessment database can be attached as evidence of curricular development/revision.</i>	

**RESPONSIBILITY AREA (REQUIRED): PROFESSIONAL DEVELOPMENT**

<b>Professional Improvement Activities – Educational and Occupational</b>	<b>Narrative</b>
1. Attends professional improvement such as seminars, workshops, training, and/or coursework.	

**RESPONSIBILITY AREA (AUXILLARY): SCHOLARLY ACTIVITIES**

<b>Scholarly Activities</b>	<b>Narrative</b>
1. Participates in activities such as presentations, publication, development of projects, and/or research that relates to the discipline.	

**RESPONSIBILITY AREA (AUXILLARY): PROFESSIONAL/OCCUPATIONAL RECOGNITION**

<b>Professional/Occupational Recognition</b>	<b>Narrative</b>
1. Receives professional/occupational recognition such as awards, certifications, or honors.	

**RESPONSIBILITY AREA (AUXILLARY): PARTICIPATION IN PROFESSIONAL ORGANIZATIONS**

<b>Participation in Professional Organizations</b>	<b>Narrative</b>
1. Maintains membership in organizations directly related to the discipline.	
2. Serves as an officer, participates in meetings, or other direct service to the professional organization.	

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

<b>Serving on Advisory Boards, Consulting, and Related Activities</b>	<b>Narrative</b>
1. Serves as consultant to industry, education, discipline, or other organizations relating to the instructional field.	

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

<b>Create and/or Organize Campus or Community Events</b>	<b>Narrative</b>
1. Works with necessary areas/employees to 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: \_\_\_\_\_