

**APPENDIX J1 – ADMINISTRATIVE AND PEER EVALUATION FORM FOR FACULTY**

**SECTION III. EVALUATOR’S COMPREHENSIVE SUMMARY STATEMENT:**

(This section may include, in addition to synthesis, professional activities not previously mentioned, suggestions for further growth, and professional contributions to the District.)

**SECTION IV. FACULTY MEMBER’S COMMENTS IN RESPONSE TO SECTIONS I, II, & III:**

(This section is optional.)

**SECTION V. FACULTY MEMBER’S COMPREHENSIVE SUMMARY STATEMENT:**

(In this section, provide reflection on your strengths and areas for improvement as well as your participation in student learning outcomes assessments during the period covered by this evaluation.)

Academic Year: \_\_\_\_\_

Semester: \_\_\_\_\_

Fall

Spring

**Regular Faculty Evaluation  
Self-Assessment Form**

(Required for all Regular Faculty evaluations)

This form is due to your Department Chair **by the end of week 5** of your evaluation semester (fall or spring).  
See instructions for submission at bottom of form.

Evaluee (Print) \_\_\_\_\_ Department: \_\_\_\_\_

Keyboard your text below or attach your self-assessment to this cover sheet. The *Self-Assessment Report* needs to include the following:

1. Self-reflection on your strengths and areas for improvement, as well as plans for professional development and reflection on your participation in student learning outcomes assessments over the 3-year evaluation period, which includes the current year.
2. Responses to suggestions and recommendations made in prior evaluation(s).
3. A list and description of your District and department service and your professional development activities performed over the 3-year evaluation period, which includes the current year. (See Article 17: Job Descriptions.) Failure to submit these lists could result in a "needs improvement" in the college service and/or professional development categories for lack of information.

**Self Assessment:** (write your Self-Assessment below or attach your Self-Assessment):

**Evaluee Signature:** My signature below certifies that to the best of my knowledge, all information in this self-assessment is true and accurate.

Evaluee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions to Evaluee:**

Send to your department chair by the end of Week 5 of your evaluation semester (9/23/11 or 2/15/12):

1. The signed original of this form, along with any attachments. *Initial each attached page.* In addition, send an electronic copy of the attachments.
2. Your schedule of classes for the evaluation semester and/or other scheduled allied duties, as well as a current syllabus for each course taught in your semester of evaluation (electronic copies).

When your evaluation peer is identified s/he will also receive copies of those documents.