

ACADEMIC AFFAIRS OFFICE USE ONLY - EVALUATION PACKET CONENTS

<input type="checkbox"/> SELF EVALUATION	<input type="checkbox"/> MANAGER EVALUATION (Req. only for FT or Off-Cycle)	<input type="checkbox"/> PEER EVALUATION	<input type="checkbox"/> STUDENT EVALUATIONS
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INSTRUCTOR'S WRITTEN RESPONSE TO THE EVALUATION (OPTIONAL): DEAN PEER

CUESTA COLLEGE FACULTY SELF-EVALUATION FORM

INSTRUCTIONS:

This form is to be used for all relevant parts of the evaluation process. The processes and procedures that govern faculty evaluations are set forth in Article VII of the District/CCFT Collective Bargaining Agreement. Type or print your name on this form and check the appropriate boxes, then type and attach your responses to the questions below. This form acts as the cover sheet for your evaluation packet. This self-evaluation is due to the peer evaluator and the appropriate manager (if applicable) one week prior to the post-evaluation conference.

Instructor Name:

Semester/Year of Evaluation:

Regular Tenured Tenure-track Temp. Full-time Temp. Part-time Temp. w/o assignment rights

QUESTIONS

1. Please describe new strategies or methods you have employed to improve your teaching, including those you have implemented based on assessments of student learning.
2. In what area(s) of your teaching do you feel that you have been particularly successful? What makes you a successful instructor? Please be specific.
3. Please describe your plans for improving your teaching. In what areas have you been dissatisfied with your performance? What specific plans for improvements have you considered? What could the district do to assist you in improving your effectiveness in the classroom?
4. Please describe professional development activities, conferences, or workshops in which you have participated, and/or services you provided in your professional capacity to the outside community since your last evaluation. How have you remained current in your teaching?
5. Please describe your involvement in college-wide activities, including names of participatory governance committees you have served on and describe your major contribution(s) to the committee(s) since your last review. **Note: Not required for Part-Time Faculty.**
6. Please describe your major contribution to division/department activities. Include some explanation of specific work you have done for your division/department, including community outreach. **Note: Not required for Part-Time Faculty.**
7. Describe how you have contributed to student learning outcome assessment cycles in your division or program, including collaborative work and dialogue with colleagues.
8. What have you found to be most beneficial in your interaction with your colleagues? In what ways would you like to strengthen your professional relationships?
9. Please address any specific required improvements noted in your last evaluation, if applicable.

RECEIVED BY:

DATE:

Signature of Dean/Director required.
