|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 346B2 0 1 9 - 2 0 2 2 F A C U L T Y C O N T R A C T | | | | | |
| 347BH.6:a SELF EVALUATION | | | |  |
| 348BAdjunct | 349BProb. | 350BRegular | 351BDept. Chair | 352B◼ Self Evaluation – Faculty ◼ |
| 353Bx | 354Bx | 355Bx |  | 356B◼ Mt. San Antonio College ◼ |

Professor: Click or tap here to enter text. Date:Click or tap here to enter text.

Department: Click or tap here to enter text.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Adjunct Faculty |  | Probationary Faculty, Completing Year: |  | 1 |  | 2 |  | 3 |  | 4 |  | Tenured Faculty |

**The self-evaluation report and yearly report of supplemental hours must be submitted**

**WITHIN TWO WEEKS FOLLOWING THE END OF THE SPRING SEMESTER.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** | **Evaluation tools used:** | | | | | | | |  | | | |
|  | Self (required): |  | Student (required): |  | | Peer (required): | | | |  |  |  |
|  | Manager: |  | Support: |  | | Classroom: | | | |  |  |  |
|  |  |  |  |  | |  | | | |  |  |  |
| **B.** | **Summary of student evaluations/summary of classroom evaluations by peers (include sample comments):** | | | | | | | | | | | |
|  | Areas of excellence:Click or tap here to enter text. | | | | Areas for improvement:Click or tap here to enter text. | | | | | | | |
| **C.** | **I will be working on the following self and professional improvement items in the \_\_\_\_\_\_-\_\_\_\_\_\_ academic year.** (List your top 1 – 5 goals) | | | | | | | | | | | |
|  | Goals & Objectives:  Click or tap here to enter text. | | | | Action Plan:  Click or tap here to enter text. | | | | | | | |
| **D.** | **I need the following assistance:** | | | | | | | | | | | |
|  | * Equipment, support, conferences, training, etc. | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | | | |
|  | * The Dean, Associate Dean, or Department Chair can give me assistance by: | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | | | |
| **E.** | **Signatures:** | | | | | | | | | | | |
|  | Professor: | Click or tap here to enter text. | | | | | Date: | Click or tap to enter a date. | | | | |
|  | Dean or Designee: | Click or tap here to enter text. | | | | | Date: | Click or tap to enter a date. | | | | |
|  |  | | | | | | | | | | | |
| **F.** | **Professor Comments:**  Click or tap here to enter text. | | | | | | | | | | | |
|  | **Distribution:**  Faculty Member  Division Office  Human Resources | | | | | | | | | | | |
|  | 8/03; 7/05; 7/06; 7/08 | | | | | | | | | | | |