*Per article 807 of the LCCFAHE agreement, in preparation for any formal evaluation conference as a result of Article 806, each academic employee shall prepare and submit a written self-assessment in a format mutually determined by the academic employee and the appropriate supervising administrator.*

*This is a sample format for the written self-assessment. The format can be modified upon mutual agreement of the faculty and supervising dean.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty:** |  | **Date:** |  |
| **Department:** |  |
| **Dean/Supervising Administrator:** |  |

**Student Evaluation of Instruction:** Courses, quarter(s) completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Response/reflections:

|  |
| --- |
|  |

**Peer Evaluations (Triennial Only):**

Response/reflections:

|  |
| --- |
|  |

**Class observation (Triennial Only):** Course/Date completed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Response/reflections:

|  |
| --- |
|  |

**Teaching Effectiveness Plan:**

Response/reflections:

Overall progress, Professional Development accomplished toward goals, Skills-standards review and vocational certification (professional-technical faculty only):

|  |
| --- |
|  |

**Workload Review**: For upcoming academic year

Credit/course load for teaching faculty; alternate workload review for non-teaching faculty:

|  |
| --- |
|  |

Advising:

|  |
| --- |
| Number of advisees: Needs/requests:General comments: |

Curriculum/Program Review and Development (C&PR sections updated):

|  |
| --- |
|  |

Committee Membership:

|  |
| --- |
|  |

Other College Service activities:

|  |
| --- |
|  |

Other:

|  |
| --- |
|  |

**Faculty Self-Evaluation:**

**Strengths:**

|  |
| --- |
|  |

**Areas for growth:**

|  |
| --- |
|  |

**Additional information (optional):**

|  |
| --- |
|  |

**Supervisor Evaluation:**

**Strengths:**

|  |
| --- |
|  |

**Areas for growth:**

|  |
| --- |
|  |

**Summary:**

|  |
| --- |
|  |

**General meeting comments/additional discussion areas (if applicable):**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | Date: |  |

Faculty Signature

|  |  |  |
| --- | --- | --- |
|  | Date: |  |

Dean/Supervising Administrator Signature