

Faculty Self-Evaluation

The instructions for completing this form are available at http://www.afa-srjc.org/Forms/Faculty_SelfEval_F20_Instr.pdf.

Section I Evaluatee Information

Name _____ Department: _____

Faculty Position: Regular Adjunct

Assignment Type: Instructional Counseling DRD
 Librarian Work Experience Athletic Coach

Section II Categories of Evaluation: Evaluatee's Self-Ratings and Comments

A. *Student Contact* ([APPENDIX A](#)).

Satisfactory Satisfactory/Minor Improvement needed Needs Improvement

Comments (required):

B. *Professional Development* ([APPENDIX B](#)).

Satisfactory Satisfactory/Minor Improvement needed Needs Improvement

Comments (required):

Evaluatee's Name _____

C. *Other Required Duties.* ([APPENDIX C](#))

Satisfactory

Satisfactory/Minor Improvement needed

Needs Improvement

Comments (required):

D. *District and Department Service* ([APPENDIX D](#) – Regular Faculty Only)

Satisfactory

Satisfactory/Minor Improvement needed

Needs Improvement

Comments (required):

Section III Overall Performance.

1. What are your job strengths and your areas of outstanding performance (required)?

2. What are your job weaknesses and your plans for improving your performance (required)?

Evaluatee's Name _____

Section IV Evaluatee's Signature

My signature below certifies that to the best of my knowledge, all information in this self-evaluation is true and accurate.

Sign _____

Date _____

Section V Evaluation Team Review and Signatures

Based on the team's review of this self-evaluation, the team has reached a consensus that the evaluatee has satisfied the contractual obligation for an in-cycle evaluation.

Comments (Optional):

Based on the team's review of this self-evaluation, the team has reached a consensus that the evaluatee should revise and resubmit the self-evaluation for further review. Please attach a separate document explaining the team's reasoning.

After reviewing this self-evaluation, the team was unable to reach a consensus. Please attach a separate document explaining the team's reasoning.

Peer:

Print Name

Sign

Date

Chair:

Print Name

Sign

Date

Supervising Administrator:

Print Name

Sign

Date

Section VI Evaluatee's Acknowledgement of Team Review

I acknowledge receiving the team's review. I understand my signature does not imply my agreement with all specific statements included in their review.

Sign _____

Date _____