ANNUALLY CONTRACTED FACULTY (ACF)
SELF APPRAISAL FORM

ACF MEMBER'S NAME: ____________________________________________________________

ACF MEMBER'S DEPARTMENT: ____________________________________________________

DEPARTMENT CHAIRPERSON'S NAME: _____________________________________________

ORIGINAL APPOINTMENT DATE: _________________________________________________

APPRAISAL PERIOD: ______________________ THROUGH: ______________________

The purpose of the Faculty Appraisal System is to promote excellence in teaching/learning. Faculty members are encouraged to detail specific responsibilities, as well as the time and/or frequency commitment of tasks where appropriate. The ACF Self Appraisal provides an opportunity for ACF members to share their individual accomplishments.

INSTRUCTIONAL PLANNING AND PRESENTATION (e.g., selects material and media for presentation, designs lessons, updates content changes, plans lecture or lab and follows department outlines, uses appropriate methods of instruction, explains material so it is understood, establishes a positive classroom atmosphere, uses class time well.)

ASSESSMENT FOR STUDENT LEARNING (e.g., creates/employs effective assessment instruments to measure students' performance; communicates progress to students in a timely fashion; submits grades on time, participates in departmental and college assessment planning, modifies instruction in response to assessment results)
SUMMARY OF STRENGTHS AND AREAS FOR POTENTIAL GROWTH
Provide a reflective statement of your ACF activities during the past academic year. Highlight your unique strengths and possible areas of improvement or growth.

OTHER ACCOMPLISHMENTS (Please document departmental time, activities& accomplishments that do not fall into the above categories but that are worth noting)

APPRaisal RESPONSE (To be completed by Department Chairperson in consultation with ACF Review Committee)

__________________________________________  ________________________________  
Chairperson  Date of Appraisal Discussion

__________________________________________

__________________________________________

__________________________________________  ________________________________  
Review Committee Members  Date

COMMENTS BY ACF MEMBER

__________________________________________  ________________________________  
ACF  Date