

**Faculty Self-Assessment  
FACULTY ACCOMPLISHMENTS**

*Faculty Member's Name*

*Position*

*Curriculum Cluster Name and Number*

*Evaluation Period (Academic Year)*

This form will be completed by October 1 of each year and will be based on faculty accomplishment for the prior academic year. The form will be forwarded to the supervision dean.

Accomplishments will be listed in outline or narrative form. In listing accomplishments, please include details in all of these areas:

1. Students success, retention and placement (data elements to be determined by committee).
2. Instructional development, such as enhanced teaching strategies, modifying syllabus as appropriate, developing courses for distance learning, etc.
3. Service within the cluster, such as leadership and academic program review.
4. Professional growth, such as anticipated publications or presentations of scholarly or professional work.
5. Campus, college, community, or other service.
6. Did you meet scheduled classes except when on approved leave?
7. Did you meet posted office hours except when on approved leave?
8. Did you meet the requirements of Article 8.1 of the FUSA contract?

*Faculty Member's Signature*

*Date*

This sheet will become part of the annual evaluation. If necessary, use attachment. Faculty terminating employment with the college prior to October 1 of any year will complete this form as part of the termination process.