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| **ACADEMIC AFFAIRS OFFICE USE ONLY - EVALUATION PACKET CONTENTS** | | | | |
| **🞎 SELF EVALUATION** | **🞎 DEAN, DIRECTOR, OR FACULTY DESIGNEE EVALUATION** | | | **🞎 STUDENT EVALUATIONS** |
| **🞎 INSTRUCTOR’S WRITTEN RESPONSE TO THE EVALUATION (OPTIONAL):** | | | | |
| **CUESTA COLLEGE FACULTY SELF-EVALUATION FORM FOR NONCREDIT INSTRUCTORS** | | | | |
| **INSTRUCTIONS:** This form is to be used for all relevant parts of the evaluation process. Type or print your name on this form and check the appropriate boxes, then type and attach your responses to the questions below. This form acts as the cover sheet for your evaluation packet. This self-evaluation is due to your evaluator one week before the post-evaluation conference. | | | | |
| **Instructor Name:** | | **Semester/Year of Evaluation:** | | |
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| **QUESTIONS** | | | | |
| 1. Please describe new strategies or methods you have employed to improve your teaching, including those you have implemented based on assessments of student learning. | | | | |
| 1. In what area(s) of your teaching do you feel that you have been particularly successful? What makes you a successful instructor? Please be specific. | | | | |
| 1. Please describe your plans for improving your teaching. In what areas have you been dissatisfied with your performance? What specific plans for improvements have you considered? What could the district do to assist you in improving your effectiveness in the classroom? | | | | |
| 1. Please describe professional development activities such as conferences or workshops in which you have participated, or services you provided in your professional capacity to the outside community since your last evaluation. How have you remained current in your teaching? | | | | |
| 1. Describe how you have contributed to student learning outcome assessment cycles in your division or program, including collaborative work and dialogue with colleagues. | | | | |
| 1. What have you found to be most beneficial in your interaction with your colleagues? In what ways would you like to strengthen your professional relationships? | | | | |
| 1. Please address any specific required improvements noted in your last evaluation, if applicable. | | | | |
| **RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Signature of Dean/Director required.* | | | **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |