



Faculty Annual Report / Performance Program

Period June 1, _____ to May 31, _____

Faculty Member:

Current Academic Rank:

Department/Division:

Date of First Appointment:

Current Date:

- I. **ANNUAL REPORT** - List below, in outline or narrative form, all achievements and related factors accomplished during the past 12 months that you wish to have considered in your evaluation.
 - A. Mastery of Subject Matter - as demonstrated by such things as advanced degrees, licenses, honors, awards and reputation in the subject matter field.

B. Effectiveness of Teaching - as demonstrated by such things as engagement in the assessment of student learning outcomes, gathering data for program reviews, judgment of colleagues, development of teaching materials or new courses and student reaction (as determined from surveys, interviews and classroom observation) and academic advisement (as determined by student reaction, development of new advisement strategies, number of advisees and attendance at advisement updates).

C. Scholarly Ability - as demonstrated by such things as success in developing and carrying out significant research work in the subject matter field, contribution to the arts, publications and reputation amount colleagues.

D. Effectiveness of University Service - as demonstrated by such things as college and University public service, committee work, administrative work and work with students or community in addition to formal student-teacher relationships.

E. Continuing Growth - as demonstrated by such things as efforts to better measure student learning outcomes through assessment and related activities, reading, research, or other activities to keep abreast of current developments in the academic employee's field and being able to handle successfully increased responsibility.

II. PERFORMANCE PROGRAM - List below, in outline or narrative form, goals that you expect to accomplish in the next 12 to 24 months. Please include any activities that may address the goals of the college's Strategic Plan.

III. FACULTY REVIEW, COMMENTS AND SIGNATURES-

I, _____, have reviewed the Annual Report and Performance Program.
(Faculty Print Name)

(Optional for Faculty) Please find below my comments:

Faculty Member: _____
Digital Signature OR Type: Name Date

Dean: _____

Digital Signature

OR Type: Name

Date

Provost: _____

Digital Signature

OR Type: Name

Date