

# SELF-ASSESSMENT/DUTIES ASSESSMENT COVER SHEET

Unit A: Required for Probationary Faculty (**CIRCLE ONE**):

**YEAR 1    YEAR 2    YEAR 3    YEAR 4**

**PROBATIONARY FACULTY MEMBER:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

## PROBATIONARY FACULTY MEMBER:

Please forward the following to the supervising administrator on your tenure review team no later than the end of the fourth week of the semester – **see timeline**:

- **All Faculty:** Completed Self-assessment/Duties Assessment (see below)
- **Instructional Faculty:** Current teaching schedule and current syllabi
- **Allied Faculty:** Typical weekly schedule and outline of other projected activities

Thank you for your prompt response. NOTE: Your Self-Assessment/Duties Assessment becomes part of your portfolio.

## INSTRUCTIONS FOR COMPLETING PROBATIONARY FACULTY MEMBER SELF-ASSESSMENT/DUTIES ASSESSMENT:

All probationary faculty members are required to complete the Self-Assessment/Duties Assessment activity outlined below. Responses must be typewritten on separate pages and attached to this *Self-Assessment/Duties Assessment Cover Sheet*. **Your signature is required on this form.**

### Contract I (Year 1):

- Required: An assessment of strengths and areas for improvement
- Optional: Faculty statement of educational philosophy
- Optional: Description of your previous teaching and/or allied experience and how you plan to apply that experience to the courses you are teaching and/or your allied student contact duties.
- Optional: Outline of any goals you have for your teaching and/or your allied duties during this academic year

### Contracts II (Year 2) and III (Years 3 and 4):

- Required: An assessment of strengths and areas for improvement
- Required: Responses to prior evaluation recommendations/suggestions, if any were made
- Required: A description of current college service, professional service and other required duties
- Optional: Faculty statement of educational philosophy
- Optional: Goals for professional development for the next evaluation cycle
- Optional: Comments regarding other aspects of student contact and related duties

Number of additional pages attached to this cover sheet \_\_\_\_\_

\_\_\_\_\_  
**Probationary faculty member's signature**

\_\_\_\_\_  
**Date**