|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 346B2 0 2 2 - 2 0 2 5 F A C U L T Y C O N T R A C T | | | | | |
| 347BH.6:a SELF EVALUATION | | | |  |
| 348BAdjunct | 349BProb. | 350BRegular | 351BDept. Chair | 352B◼ Self Evaluation – Professor ◼ |
| 353Bx | 354Bx | 355Bx |  | 356B◼ Mt. San Antonio College ◼ |

Professor: Click or tap here to enter text. Date:Click or tap here to enter text.

Department: Click or tap here to enter text.

Adjunct Professor

(Optional)

Contract (Probationary) Professor, Completing Year: 1  2 3  4

(Submit within two (2) weeks following the end of the spring semester.)

Regular (Tenured) Professor

(Submit by the end of week eight (8) of the spring semester in the third year of the cycle.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** | **Evaluation tools used:** | | | | | | | |  | | | |
|  | Self (required): |  | Student (required): |  | | Peer (required): | | | |  |  |  |
|  | Manager: |  | Support: |  | | Classroom: | | | |  |  |  |
|  |  |  |  |  | |  | | | |  |  |  |
| **B.** | **Summary of student evaluations/summary of classroom evaluations by peers (include sample comments):** | | | | | | | | | | | |
|  | Areas of excellence:Click or tap here to enter text. | | | | Areas for improvement:Click or tap here to enter text. | | | | | | | |
| **C.** | **Summary of progress toward goals from the previous evaluation cycle.**  Click or tap here to enter text. | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **D.** | **I will be working on the following self and professional improvement items in the \_\_\_\_\_\_-\_\_\_\_\_\_**  **academic years of my next evaluation cycle.** (List your top 1 – 5 goals) | | | | | | | | | | | |
|  | Goals & Objectives:  Click or tap here to enter text. | | | | Action Plan:  Click or tap here to enter text. | | | | | | | |
| **E** | **Summary of all Yearly Reports of Service** | | | |  | | | | | | | |
|  | Click or tap here to enter text. | | | |  | | | | | | | |
| **E.** | **I need the following assistance:** | | | | | | | | | | | |
|  | * The Dean, Associate Dean, or Department Chair can give me assistance by providing the following equipment, support, funding, for conference, training, etc.: | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | | | |
| **F.** | **Signatures:** | | | | | | | | | | | |
|  | Professor: | Click or tap here to enter text. | | | | | Date: | Click or tap to enter a date. | | | | |
|  | Dean or Designee: | Click or tap here to enter text. | | | | | Date: | Click or tap to enter a date. | | | | |
|  |  | | | | | | | | | | | |
| **F.** | **Professor Comments:**  Click or tap here to enter text. | | | | | | | | | | | |
|  | **Distribution:**  Faculty Member  Division Office  Human Resources | | | | | | | | | | | |
|  | 8/03; 7/05; 7/06; 7/08; 4/24 | | | | | | | | | | | |