



Peralta Community College District

**EVALUEE'S SELF-EVALUATION REPORT FORM
(FOR PART-TIME, LTS and TENURED COUNSELORS)**

Semester _____ Academic Year _____

Name of Evaluatee _____ Date _____

Discipline _____ College _____

*This self-evaluation is in two parts. **Part I** asks you to describe your activities during the past academic year, to list some goals and objectives for the next year, and to provide details about needed institutional support for you to achieve your goals and objectives. You are free to attach additional pages as needed. **Part II** asks you to respond to Evaluation forms that have been submitted since you last completed a self-evaluation*

NOTE: This form is to be turned in to faculty evaluator on the day of the classroom evaluation (or at a later date if mutually agreed to).

PART I

Describe your activities during the past year in the following categories:

1. Maintaining your currency in your discipline:

2. Improving your ability to communicate course content or your professional expertise to students:

3. Participating in College/District governance and campus life:

4. Participating in publications, conference presentations, artistic exhibits, classroom research, development of new curriculum, in-service instruction, and community involvement specific to your area:

5. In terms of services you have provided to students as a counselor, including your role in the assessment of student learning outcomes, what have you learned about student needs and issues? How will you implement what you have learned?

6. Other appropriate activities:

List your goals and objectives for the next academic year in any or all of the above categories. Identify which of your goals is most important to you.

What support do you need from the College in order to achieve your objectives?

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PART II

FACULTY RESPONSE TO FEEDBACK FROM PREVIOUS EVALUATION(S)
(Leave section blank if this is initial evaluation at PCCD)

1. What did you learn about your teaching/counseling/performance from previous evaluations you received?
2. What adjustments did you make as a result of the feedback you received in previous evaluations?
3. What are your improvement goals resulting from the feedback you received in previous evaluations?

***For faculty who are not in the classroom, interpret this question as it relates to your assignment.**

Evaluee's Signature _____ Date _____

Self Eval. 8-02; & 2-2-09 for P-T Evals.