(1101-2016) COAS Faculty Self-Evaluation

**NOTE**: You will be **signed out** of Faculty180 **after 60 minutes** of inactivity for security reasons. Please **save** your work accordingly.

If you will be away from your desk for an extended time, place a character/number in any/all required fields and **save** your work so as not to lose it.

**ALSO NOTE:** **Do not** hit the 'Evaluate' button while you have an evaluation form opened, even if it's minimized. This will reload the form, and you will lose any unsaved progress.

Instructions

Faculty, please use this form to conduct a self-evaluation of your performance for the past calendar year, as well as to discuss goals for the current calendar year.

Only use the Attachments section at the bottom of this form to load a Sabbatical report, if you participated last year. Other documents should be attached directly to the relevant Activities section entry.

* Examples:
* Course syllabi, evaluations, and classroom observation reports --> TEACHING - Credit Courses
* Article PDFs or video of play production --> RESEARCH - Scholarly and Creative Contributions

AEvaluation Period

|  |  |
| --- | --- |
| **Past Calendar Year\*** |  |

BNarratives - Past Calendar Year

Narratives are used to reflect on aspects of your work that you feel should be acknowledged, beyond completion of assigned duties. For example, explaining course innovations, circumstances behind course evaluation results, noteworthy influence of your scholarship, etc. Please check with your chair regarding department practice with these narrative fields.

|  |  |
| --- | --- |
| **Teaching Narrative (past calendar year)** | 11pt    0 words |
| **Research and Creative Activities Narrative (past calendar year)** | 11pt    0 words |
| **Service Activities Narrative (past calendar year)** | 11pt    0 words |
| **Administration Narrative (past calendar year)** | 11pt    0 words |

CGoals for the Upcoming Calendar Year

|  |  |
| --- | --- |
| **Goals for Next Year\*** | 11pt    4 words |

DFaculty E-Signature

Please enter the date when you complete this form. You may make further changes until you SUBMIT this from the Evaluation Menu.

|  |  |
| --- | --- |
| **Full Name\*** |  |
| **Date Completed\*** |  |