

Academic Year: _____

Semester: _____

☐ Fall

☐ Spring

**Associate Faculty Evaluation
Self-Assessment Form**

(Required for all Associate Faculty evaluations)

Mandatory Deadline: This form is due to your Department Chair **by the end of week 5** of your evaluation semester (fall or spring). See instructions for submission at the bottom of the form.

Evaluee (Print) _____ Department: _____

Enter your text below or attach your self-assessment document to this cover sheet. The *Self-Assessment Form* needs to include the following:

1. Self-reflection on the employment of teaching, learning, and professional practices that engage inclusion, diversity, equity, accessibility, and anti-racist principles, as well as plans for continuous improvement and reflection on their impact over the evaluation period, which includes the current year.

Self-Assessment: (write your Self-Assessment below or attach your Self-Assessment):

Evaluee Signature: My signature below certifies that all information in this self-assessment is true and accurate to the best of my knowledge.

Evaluee Signature: _____ Date: _____

Instructions to Evaluee:

Send to your department chair by the end of Week 5 of your evaluation semester (**mandatory deadline**):

1. The signed original of this form, along with any attachments. *Initial each attached page.* In addition, send an electronic copy of the form and attachments.
2. Your schedule of classes for the evaluation semester and/or other scheduled allied duties, as well as a current syllabus for each course taught in your semester of evaluation (electronic copies).

When your evaluation peer is identified s/he will also receive copies of those documents.