Faculty Self Evaluation

(Please Return to Local 1650 Office, N-201)

NAME: ___________________ DATE: ____________

Please describe your involvement in the following areas during the last two years in Wayne County. If you need additional space, attach supplemental pages. This form can be downloaded from the Local 1650 Website at hfccft1650.org.

1. PROFESSIONAL ASSIGNMENT.

   A. Course/curriculum/program revision and/or development. PROVIDE LIST.

   B. Innovations, enhancements, improvements in performance of your professional assignment. PROVIDE LIST.

   C. Assessment work. PROVIDE LIST.

   D. Uses made of redirected time, if applicable. PROVIDE LIST.

   E. Uses made of performance evaluation information. PROVIDE LIST.

   F. Other activities. PROVIDE LIST.
2. **COLLEGE SERVICE. PROVIDE LISTS WHERE APPLICABLE.**

   A. Committee work (College Organization, Department/Division, Local 1650)

   B. Advising/Mentoring

   C. Grants sought, obtained, or administered/Donations of equipment/materials secured

   D. Voluntary faculty service to student organizations

   E. Other College service
3. **PROFESSIONAL ACTIVITIES.** PROVIDE LISTS WHERE APPLICABLE.

A. Professional growth: further study (courses/workshops); updating knowledge of pedagogy, content, practice/clinical skills, or technology.

B. Professional publications

C. Professional presentations/performances

D. Professional memberships

E. Professional association service (offices held, chair/respondent at sessions, committee activity)

F. Professional conference attendance

G. Other professional activities
4. COMMUNITY SERVICE – Please see Article X.G. Community Service, of the HFCC-FT, AFT 1650 Collective Bargaining Agreement.

   A. As part of your bi-annual self-evaluation, please provide the following information regarding your community service. Members will also need to provide this information to Human Resources when requested to do so.

   B. How many hours of community service did you perform in the Wayne County area over the past two years? Please list organizations, dates of service, hours of service per organization, and organization’s contact person.

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<th>Organization Name</th>
<th>Dates of Service</th>
<th>Hours of Service</th>
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5. Please provide any suggestions for improving the Faculty Self-Evaluation and the Student Evaluation of Instruction forms.