

MANDATORY SELF-ASSESSMENT FORM

NURSE OR OTHER HEALTHCARE PROFESSIONAL

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____

Provide the requested information since your last evaluation.

1. Describe or list ways you have participated in Department and/or Division activities.

2. Describe or list ways you have participated in College and/or District activities.

3. Describe or list how you have engaged in professional development related to discipline expertise and/or teaching techniques.

4. Identify any publications, presentations, and/or job-related community activities in which you have been engaged.

5. Describe or list ways you have participated in the development and assessment of Student Learning Outcomes (SLOs). SLO assessment may include but is not limited to faculty-faculty dialogue, working in professional organizations or groups, working with an institutional researcher, curriculum mapping as part of a retreat, reviewing curriculum for external organizations, addressing student equity questions, using student input through surveys, exams, exam analysis, and registering changes as a consequence.

6. Identify any awards, honors, and/or external evaluations you have received.

7. Provide information not addressed above.

ADDITIONAL COMMENTS: