PERALTA COMMUNITY COLLEGE DISTRICT

**EVALUEE’S SELF-EVALUATION REPORT FORM (Health Services Coordinator)**

# **Semester:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Academic: Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Name of Evaluee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.

**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, classroom research, in-service instruction, and community involvement specific to your area:
5. In terms of the services you have provided as a community college Health Services Coordinator, including 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:
7. 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.

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

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**PART II**

**FACULTY RESPONSE TO FEEDBACK**

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

Evaluee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Approved 8/25/2016*