

FACULTY INPUT FORM

Complete and submit to Supervisor

Academic Year _____ Portfolio Year? Yes _____ No _____

Semester Evaluated _____ Fall _____ Spring _____ Summer _____

Classification *All that applies* _____ FT Faculty _____ Adjunct Faculty _____ Prof/Tech _____

Name _____

SSN _____

Student Evaluation

Provide any information that would clarify or explain the results of the student evaluation.

Instructional Activities

*Fulltime Faculty – Both A and B required
Adjunct Faculty – Part A only required*

A Courses Taught

B Other Instructional Activities

Professional Service

All parts required for fulltime faculty and optional for adjunct faculty

A

Committees – Internal to ACC

Identify type of committee (College-wide, Campus, Task Force/Program, Discipline, Senate/Adjunct Association, or Other) and the capacity in which you served (for example, chair, president, member).

B

Mentoring Assignments

C

Training Led/Facilitated by You

Workshops, Seminars, Teleconferences, Other (specify)

D

Student Organization(s) Sponsored

E

Professional Service External to ACC

F

Community Service (Optional for all faculty)

After completing form, print, sign and date below before submitting.

Signature

Date