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 _____

Datatel   ID: _____

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

FE 10.03