

Administrative and Professional Faculty SELF-ASSESSMENT

Evaluation plans must require that evaluative input be provided by the faculty member in the form of a self-assessment. The self-assessment must include analysis of activities within each performance domain as well as progress toward achievement of annual objectives. (VCCS Policy: 3.6.1.4.a.vi.)

Name of Faculty Member:	Position #:	Title:	Date:
Faculty Designation (select all that apply): First Year Administrative Professional		Faculty Rank:	
Status: One-year appointment Multi-year appointment		Evaluation Period: _____ to _____ (Date of last evaluation) (Date of this evaluation)	
Name of Faculty Member's Supervisor:		Supervisor's Title:	

Instructions: Please provide a self-assessment of your work/job related activities within each of the performance domains and annual objectives. Be sure to include supporting information in the narrative sections or attach the agreed upon documentation.

Performance Domains

I. Core Responsibilities (VCCS Policy: 3.6.1.4.a.ii)

Narrative (include areas of success, opportunities for improvement/learning and areas of concern, where applicable):

II. Non-Routine & Strategic Responsibilities (VCCS Policy: 3.6.1.4.a.ii)

Narrative (include areas of success, opportunities for improvement/learning and areas of concern, where applicable):

III. College and Community Service (VCCS Policy: 3.6.1.4.a.ii)

Narrative (include areas of success, opportunities for improvement/learning and areas of concern, where applicable):

IV. Professional Development & Growth (VCCS Policy: 3.6.1.4.a.ii)

Narrative (include areas of success, opportunities for improvement/learning and areas of concern, where applicable):

V. Management Effectiveness (if required) (VCCS Policy: 3.6.1.4.a.iii)

Narrative (include areas of success, opportunities for improvement/learning and areas of concern, where applicable):

VI. Additional Performance Domains (as approved by Supervisor)

Narrative (include areas of success, opportunities for improvement/learning and areas of concern, where applicable):

Annual Objectives

I. Objective #1 (VCCS Policy: 3.6.1.4.b)

Narrative (include your assessment of progress towards completion):

II. Objective #2 (VCCS Policy: 3.6.1.4.b)

Narrative (include your assessment of progress towards completion):

III. Objective #3 (VCCS Policy: 3.6.1.4.b)

Narrative (include your assessment of progress towards completion):

IV. Objective #4 (VCCS Policy: 3.6.1.4.b)

Narrative (include your assessment of progress towards completion):

V. Objective #5 (VCCS Policy: 3.6.1.4.b)

Narrative (include your assessment of progress towards completion):

OTHER COMMENTS OR NOTES (i.e., general efforts, outcomes, and professional behaviors, etc.):

Supporting documentation attached

Signature indicates all parties have discussed this Self-Assessment

Employee Signature

Date

Supervisor Signature

Date