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| ***Administrative and Professional Faculty*** **Self Assessment***The Administrative and Professional Faculty Development, Evaluation and Recognition Policy intends to create an environment for administrative and professional faculty that promotes high performance and continuous improvement resulting in optimal efficiency and effectiveness in the delivery of services that foster student success.* (VCCS Policy: 3.6.1.1)

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| **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)  |
| **Instructions:** Please provide an assessment of the faculty member’s performance in the narrative sections of each of the required performance domains. Under the Annual Objectives section be sure to list out the specific objectives and select the rating category that best reflects your assessment of the faculty member’s performance, any necessary changes or extensions. Be sure to complete the Supportive Documentation Summary section as instructed.  |
| **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): |
| **Performance Domains continued** |
|  **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): |

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| ***Administrative and Professional Faculty*** **Self Assessment**

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| **Annual Objectives** |
|  | **Objective Met** | **Agreed Upon Change** | **Objective not Met** | **Carry Over** |
| **I. Objective #1** (VCCS Policy 3.6.1.4.b): |  |  |  |  |
| NOTES: (i.e. general efforts, outcomes, and professional behaviors, etc.): |
| **I. Objective #2** (VCCS Policy 3.6.1.4.b) |  |  |  |  |
| NOTES: (i.e. general efforts, outcomes, and professional behaviors, etc.): |
| **I. Objective #3** (VCCS Policy 3.6.1.4.b) |  |  |  |  |
| NOTES: (i.e. general efforts, outcomes, and professional behaviors, etc.): |
| **I. Objective #4** (VCCS Policy 3.6.1.4.b) |  |  |  |  |
| NOTES: (i.e. general efforts, outcomes, and professional behaviors, etc.): |
| **I. Objective #5** (VCCS Policy 3.6.1.4.b) |  |  |  |  |
| NOTES: (i.e. general efforts, outcomes, and professional behaviors, etc.): |

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| ***Administrative and Professional Faculty*** **Self Assessment**

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| **Supportive Documentation Summary****(Multi-rater, self-assessment, awards, other, etc.)****Instructions:** Please summarize the supporting documentation that corroborates designations outlined for Performance Domains and Annual Objectives. |
| * **Supporting Documentation Attached**
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| **Overall Summary Rating***Evaluation plans must provide for an overall summary rating of “Meet Expectations” or “Does Not Expectations.”* |
| * **Meets Expectations**
 | * **Does Not Expectations**
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| **Signatures indicate that all parties have discussed this APF Performance Evaluation** |
|  |  |
| **Employee Signature:** |
| **Date:** |

Original: Faculty MemberCopies: Immediate supervisor  |