(1401-2016) COEN Faculty Self Evaluation Form

**NOTE**: **You will be signed out of Faculty180 after 60 minutes of inactivity for security reasons. Please save your work accordingly.** It is recommended to prepare your evaluation narratives in a [Word document version of the form](https://www.boisestate.edu/academics-deptchairs/faculty180/faculty-resources/annual-evaluation-forms/) before entering it into this evaluation form. If you will be away from your desk for an extended time, place a character/number in any/all required fields and **save** your work so as not to lose it.

**ALSO NOTE:** **Do not** hit the 'Evaluate' button while you have an evaluation form opened, even if it's minimized. This will reload the form, and you will lose any unsaved progress.

Instructions

Faculty, please use this form to conduct a self-evaluation of your performance for the past calendar year, as well as to discuss goals for the current calendar year.

Only use the Attachments section at the bottom of this form to load a Sabbatical report, if you participated last year.

Other documents should be attached directly to the relevant Activities section entry.

* Examples:
* Course syllabi, evaluations, and classroom observation reports --> TEACHING - Credit Courses
* Article PDFs or video of play production --> RESEARCH - Scholarly and Creative Contributions

AEvaluation Period

|  |  |
| --- | --- |
| **Past Calendar Year\*** |  |

BFaculty Reflections on Past Calendar Year

Please briefly overview your work for the selected past calendar year in each area of activity. In the field, "Teaching Reflection (past year)", be sure to reflect on and respond to your student evaluations.

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| --- | --- |
| **Teaching Reflection (past year)** | 11pt    0 WORDS |
| **Research Reflection (past year)** | 11pt    0 WORDS |
| **Service Reflection (past year)** | 11pt    0 WORDS |
| **Administration Reflection (past year - if applicable)** | 11pt    0 WORDS |

CUpcoming Calendar Year: Goals

Please discuss your work goals for the next year regarding each area of activity.

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| --- | --- |
| **Teaching Goals** | 11pt    0 WORDS |
| **Scholarship Goals** | 11pt    0 WORDS |
| **Service Goals** | 11pt    0 WORDS |
| **Other Goals** | 11pt    0 WORDS |

DFaculty E-Signature

Please enter the date when you complete this form. You may make further changes until you SUBMIT this from the Evaluation Menu.

|  |  |
| --- | --- |
| **Full Name\*** |  |
| **Date Completed\*** |  |