

WCC FACULTY SELF-EVALUATION FORM

Name _____ Date _____

Directions: Please rate yourself on each item. Circle the number which you feel best reflects your contributions in each area.

I. Teaching Effectiveness and Class Preparation

10	9	8	7	6	5	4	3	2	1	0
Excellent		Very Good		Good		Needs Improvement			Unsatisfactory	

II. College Activities

10	9	8	7	6	5	4	3	2	1	0
Excellent		Very Good		Good		Needs Improvement			Unsatisfactory	

III. Professional Activities

10	9	8	7	6	5	4	3	2	1	0
Excellent		Very Good		Good		Needs Improvement			Unsatisfactory	

IV. Community Activities

10	9	8	7	6	5	4	3	2	1	0
Excellent		Very Good		Good		Needs Improvement			Unsatisfactory	