

**DUE TO DEPARTMENT CHAIR BY JANUARY 31, 2018, 5:00 P.M., ALONG WITH SOTES & PEER REVIEWS**

Full-Time ☐ Part-Time ☐

*Time Period: Spring 2017 and Fall 2017*

Full Name: \_\_\_\_\_

Department/School: \_\_\_\_\_

College: \_\_\_\_\_

This ASA is a required form for the evaluation process and must be completed by each temporary faculty member. A copy will be attached to the Annual Evaluation and will be placed in the faculty member's Personnel Action File to provide a cumulative record. ***Pursuant to Article 15.12 of the Collective Bargaining Agreement, faculty members are responsible for submitting evaluation materials required by campus policy. Failure to submit required material will be taken into consideration as part of the evaluation. Additional documentation should not be attached unless it is requested by the Department or Dean.***

**1. Teaching, Supervision or Other Work Effectiveness (Required for all Faculty)**

Although much of the evidence concerning teaching effectiveness will be obtained through student and peer evaluations or examination of course outlines, tests, or grades, additional information regarding teaching practices and regarding activities intended to maintain or improve teaching effectiveness should be described. *(Additional sheets may be attached if necessary.)*

**2. Service to Students and/or the University: (Required for Full-Time Faculty, Optional for Part-Time Faculty. Additional sheets may be attached if necessary.)**

**3. Additional Achievements, Qualifications, and/or Contributions (Optional for all Faculty)**

Please provide any other achievements you would like to be considered. *(Additional sheets may be attached if necessary.)*

I affirm that the information contained in this 2017 Annual Summary of Achievements is true and accurate to the best of my knowledge.

\_\_\_\_\_  
**Name of Faculty Member (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**