** ACADEMIC FACULTY INFORMATION FORM**

**For the period September 1,**  **thru August 31,**

Name Title Department

**I. Teaching Effectiveness**

 A. Courses taught

 B. Procedures used to evaluate teaching

 C. Other observations regarding teaching

 D. Academic Advising (including procedures used to evaluate advising)

**II. Mastery of Subject Matter and Scholarly Ability**

 A. *Research and other scholarly/artistic activities* (Indicate juried/refereed activities). Include grants proposed/awarded, articles and books submitted/accepted, presentations at professional meetings, performances, shows or productions directed.)

 B. *Awards and Honors*

 C. *Professional meetings attended*

**III. University Service**

 A. *Administrative/committee assignments*

 B. *College-related public service* (Include continuing education teaching by course, number enrolled, place, credit hours, consultancies, presentations at meetings)

 C. *Community service* (membership, time volunteered)

**IV. Continuing Professional Growth**

 A. *Professional memberships* (Indicate leadership roles and term of office)

 B. *Professional meetings attended*

 C. *Courses, seminars, workshops or degrees completed*

 D. *Describe future goals and plans*

**V. Other Information** (Include other activities not covered but which you wish to note)

Signature Faculty Member Date