

**CONFIDENTIAL**

**RICHARD BLAND COLLEGE FACULTY DEVELOPMENT REPORT**

# Calendar Year 20--

Please complete this report in detail

Name

Rank and Discipline

# I. Teaching Effectiveness:

*List courses taught this year, describing ways you sought to improve the effectiveness of your teaching and to assess what you and your students learned. Include course load, updating of course presentations, innovative techniques, use of technology, helping students outside of class time, grading of papers, testing procedures, choice of textbooks, and any additional demonstrations of professional growth.  Also include a self-evaluation of student achievement of course objectives listed on the syllabus for each course.*

# II. College Service

**A) Student Advising**

**B) Discipline and Division Responsibilities**

**C) Committee Work**

**D) College-Wide Activities (and other/misc)**

**III. Professional Development and Community Service:**

**A) Membership in Professional Organizations**

**B) Attendance at Professional Meetings and Conferences (indicate program participation)**

**C) Research, Publications, Grants**

**D) Graduate credits earned during this academic year**

**E) Additional types of professional development not already covered.**

**F) Public Service -- Civic and Social Services Activities, Membership and Talks**

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

Name \_\_\_\_\_\_\_\_\_\_.

**V. Department Chair’s Evaluation**

(Ratings for each category: Excellent, Above Average, Average, Needs Improvement, Needs considerable improvement)

A. Teaching Effectiveness (60%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. College Service (30%) \_\_\_\_\_\_\_\_\_\_\_\_\_

C. Professional Development and Community Service (10%) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments (include comments on weaknesses and strengths and, if applicable, progress toward tenure and/or promotion)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Date Chair Signature

Name \_\_\_\_\_\_\_\_\_\_ \_\_.

**Faculty Member's Response:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Date Faculty Member Signature

**Director of Academics Comments:**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Date Director of Academics Signature

**Faculty Member's Response:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Date Faculty Member Signature

Revised 1/21/2020