

APPENDIX A

FACULTY PERSONNEL FORMS

FACULTY PERSONNEL INFORMATION

NAME _____

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DATE _____

ALL OF THE INFORMATION ON THIS FORM SHOULD BE CONFINED TO ACTIVITIES WITHIN THE LAST TWO YEARS. PLEASE LIST YOUR ACCOMPLISHMENTS IN EACH SUB-CATEGORY IN ORDER OF DECREASING IMPORTANCE AS YOU SEE IT.

I. TEACHING AND RELATED ACTIVITIES AT OHIO WESLEYAN

STATE THOSE ACCOMPLISHMENTS WHICH YOU CONSIDER TO HAVE BEEN CONTRIBUTIONS OF YOUR TEACHING TO YOUR STUDENTS AND TO THE ACADEMIC PROGRAM OF OHIO WESLEYAN, BY RESPONDING UNDER THE FOLLOWING HEADINGS:

- A. **MASTERY OF SUBJECT MATTER** (*e.g., up-to-dateness in your field; broadening of your knowledge of your field*).
- B. **STRUCTURING OF COURSES** (*e.g., self-evaluation of your courses; innovations in approach or technique; major revisions of course content*).
- C. **DIRECTION OF INDEPENDENT STUDENT PROJECTS AND RESEARCH.**
- D. **ENCOURAGEMENT AND DIRECTION OF STUDENT HONORS WORK.**
- E. **ADVISING** (*e.g., number of lower and upper division advisees and description of your activities*).
- F. **STIMULATION OF STUDENT INTEREST, INVOLVEMENT AND ACHIEVEMENT.**
- G. **PROVISION OF ASSISTANCE TO STUDENTS EXPERIENCING DIFFICULTY.**
- H. **OTHER ASPECTS.**

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II. SCHOLARLY PRODUCTIVITY AND PROFESSIONAL GROWTH

A. LIST COMPLETED PUBLICATIONS, PAPERS, AND OTHER SCHOLARLY OR CREATIVE ACCOMPLISHMENTS *(give full data)*

B. DESCRIBE ANY WORK IN PROGRESS

C. LIST GRADUATE WORK TAKEN FOR CREDIT, AND DEGREES EARNED WITHIN THE LAST TWO YEARS *(where, when?)*

D. LIST MEMBERSHIPS, OFFICES HELD OR OTHER RECOGNITION IN PROFESSIONAL ORGANIZATIONS

E. LIST ATTENDANCE AT PROFESSIONAL MEETINGS

F. NOTE OFF-CAMPUS EMPLOYMENT OR ACTIVITIES WHICH IN YOUR OPINION SUBSTANTIALLY CONTRIBUTED TO YOUR PROFESSIONAL AND SCHOLARLY GROWTH

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III. UNIVERSITY AND COMMUNITY SERVICE

A. UNIVERSITY SERVICE (*Department Chairperson or Acting Chairperson, University Committee work, departmental committees or assignments, faculty organizations, special programs, student organizations, other*)

B. COMMUNITY SERVICE (*Charitable organizations, church, public service, political organizations, public schools, service groups, youth organizations, other*)

ADDITIONAL COMMENTS (*if any, which might be of assistance in the evaluation of your effectiveness as a member of the faculty*)

SIGNATURE _____

Name _____