

Fort Berthold Community College Professional Growth and Assessment

Instructor Name _____ Date _____

Faculty 1 _____ Faculty 2 _____

Administrator _____

OUTCOMES

			Completed	Not Completed	Unacceptable	Basic	Proficient	Accomplished
SGID	1	<i>Strengths of the Course</i>						
	2	<i>Changes - Ways to Make Changes</i>						
Student Evaluations	1	<i>Culture</i>						
	2	<i>Learning Outcomes</i>						
	3	<i>Technology</i>						
	4	<i>Strengths of the Course</i>						
	5	<i>Changes - Ways to Make Changes</i>						
Personal Development Plan	1	<i>Instructor's Strengths</i>						
	2	<i>Instructor's Challenges</i>						
	3	<i>Instructor's Goals</i>						
	4	<i>Instructor's Training</i>						
E-Portfolio	1	<i>Resume/Biography</i>						
	2	<i>Best Practices</i>						
	3	<i>Culture</i>						
	4	<i>Leadership</i>						

SGID
Strengths

Changes

Student Evaluations Changes

Personal Development Plan

Instructor Training

Course Changes for 2009-2010

Signature

Date

Academic Dean _____

Instructor _____

Faculty 1 _____

Faculty 2 _____

SGID
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Signature

Date

Academic Dean

Instructor

Faculty 1

Faculty 2
