Each year faculty will set work related goals for the upcoming academic year/evaluation period. This form should be completed collaboratively by the Dean with each Faculty member annually. The form allows flexibility to facilitate goal revisions and updates as the academic year progresses. The deadline for finalization may vary but will generally be at/near the end of each academic contractual period, the specific date will be communicated by your dean. To assist you in creating your goals, the following information is provided.

A goal is a broad statement of a desired outcome that you plan to achieve within the academic year (s). Goals should be **SMART**:

* + **S**pecific – focus on specific results that are easily identified when they are achieved.
  + **M**easurable – Goals should be measurable so that you have tangible evidence that you have accomplished the goal.
  + **A**ction-Oriented – Goals should be achievable; they should stretch you slightly, so you are challenged, but defined well enough so that you can achieve them.
  + **R**esults-Oriented – Goals should measure outcomes, not activities.
  + **T**ime-Bound – provide deadline or timeline

1. **Objectives** are specific actions of a desired outcome and how you will achieve it within the next year.
2. **Status**. Please note the status of each goal and adjust timelines as appropriate upon discussion with your dean.
3. Add any **comments** that may be helpful to support understanding of your goals and/or progress to achieve it.

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| **Faculty Name** | | | | | | | | | |
| Jane Doe | | | | | | | | | |
| **Date** | | | | **Academic Year** | | | | | |
| 3/8/2019 | | | | 2018-2019 | | | | | |
| **Dean** | | | | **Discipline** | | | | | |
| Jane Doe | | | | Arts Sciences | | | | | |
| **Instructional** (15-18 Contact hours per week, dependent upon discipline) Include instructional reassignments(s). | | | | | | | | | |
| **Fall Courses** | | | **Spring Courses** | | | | | | |
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| **Instructional Goals** | **Strategies that will be used to meet the goal** | | **Did the strategy work? Why or why not?** | | | | | **How will the goal be measured?** | **What was the instructional outcome of goal? What would you do differently?** |
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| **Deans Comments:** | | | | | | | | | |
| **Chair/Lead or Other Paid Assignments:** | | | | | | | | | |
| **College Service -** *(Includes responsibilities such as serving on committees/councils (college Level), developing curriculum and supporting administrative functions (division level), representation of TCC in the community.) Please do not list reassignments or other compensated assignments (e.g., chair, lead faculty, etc.).* | | | | | | | | | |
| **College Service Activity** | | **Date of Activity** | | | | | **What outcomes were met based on your participation?** | | |
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| **Dean’s Comments on College Service:** | | | | | | | | | |
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| **Professional Development -** *(Includes activities which address currency and growth in teaching and learning, such as participating in and attending workshops, retaining discipline currency, and contributing to one's profession.)* You may insert additional lines or attach a list of additional professional development activities, if necessary. | | | | | | | | | |
| **Professional Development Activity** | | **Date of Activity** | | | **What strategies did you implement in your classes based on the professional activity and what was the outcome?** | | | | |
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| **Faculty-2-Student Engagement (F2SE)** (Formally advising duties) **–** (I*ncludes providing quality academic and career advising, mentoring and other student engagement options that support student learning and fosters student progression, achievement, and completion.)* | | | | | | | | | |
| **Engagement Option**  (includes Pathways to Persistence (P2P) and other applicable student engagement activities) | | **How many students were served during F2SE?** | | | | **What were the outcomes as it relates to the students being successful?**  (P2P Outcomes: attendance, student contact (emails/phone calls), early alert/team referrals, student success after intervention)  (Outcomes for other engagement activities: How many students were served? What was the success of the students? | | | |
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| **Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Additional Dean Comments:** | | | | | | | | | |
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| **Revisions (if needed)** | | | | | | | | | |
| **Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |