## **SELF APPRAISAL FORM**

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	Have you introduced new instructional approaches?	
	Have you individualized instructional techniques and approaches to meet the diverse needs a	and
	abilities of my students?	
	Have you developed and/or revised course materials?	
IGNATU	RE OF FULL-TIME FACULTY MEMBER: DATE:	

SIGNATURE OF EVALUATOR: \_\_\_\_\_ DATE: \_\_\_\_