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| **Full-Time Instructor Self-Reflection** | | | | | | | |
| Name of Instructor: | |  |  |  | Department: |  |  |
| Class(es): | |  |  |  | Date: |  |  |
|  |  | |  |  |  |  |  |
| **Self-Reflection:** Based on previous assessments, self-assessments, student evaluation, and other sources of feedback, please describe how you have grown professionally in your role as a full-time instructor at Portland Community College. | | | | | | | |

INSTRUCTOR’S NAME: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_