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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_