

# SELF-ADMINISTERED STUDENT EVALUATIONS

\_\_\_\_\_  
Faculty Employee Name

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Division/Department

\_\_\_\_\_  
Class/Section completing evaluation

\_\_\_\_\_  
Date

## PART A



**FOOTHILL-DE ANZA**  
**Community College District**

### IMPORTANT – PLEASE READ:

*Registered Student:*

Enclose the Scantrons (Part A);  
Sign and date the envelope BEFORE returning it to the Instructor.

*Faculty Employee:*

Return the sealed envelopes (Part A & B) to your Division Office.

\_\_\_\_\_  
Registered Student Name

\_\_\_\_\_  
Date