# APPENDIX I APPLICATION FOR PROFESSIONAL ACHIEVEMENT AWARD

## (Article 38 – Professional Achievement Awards)

Foothill-De Anza Community College District

Name:		Subject	Service Area:	Campus:
Year of Last Award:	:	Academic years being	applied toward this	award:
				ng a timely and complete application shall be ion are required. Due Date: July 1.
Part 1. Three	Evaluati	ons		
☐ Admini	strative	Evaluation (attach sig	ned copy of Append	ix J1);
☐ Peer Ev	aluation	(attach signed copy of	f Appendix J1);	
☐ Student	t Evaluat	ion (attach signed cop	y of appropriate App	pendix J3);
		(see page 3 of this App		
		Professional Growth		
		units of PGA are requ	•	ır-year PAA period.
<ul> <li>Use appr</li> </ul>	ropriate :	forms from Appendix	O for filing PGA.	•
		e Campus Personnel		
The Can	ipus i ci	somici office will pro	riae a vermeation i	eceipt to attach below.
Part 3. Record	l of Spec	ial Service Activity		
<ul><li>List spec</li><li>No Speci</li></ul>	cial servicial Servic	ce activities, organize ee is required during	a full academic yea	is (see pages 4-5 of this Application Form).  r of Professional Development Leave te, on page 4 or 5 of the Application Form).
	Acaden	ic Year 1:		
	Acaden	nic Year 2:		
	Acaden	nic Year 3:	<del></del>	
	Acaden	nic Year 4:	<del></del>	
		ments outlined in Art		ment between the Board of Trustees and the
Date:			Signature:	

This completed application with required attachments must be submitted to your Division Dean by July 1. For additional information regarding the Professional Achievement Award, see Article 38 of the *Agreement* between the Board of Trustees and the Faculty Association. For questions, please contact the Faculty Association office, 650 949-7544. Revised 3/05

PAA Application Form, page1

### **Recommendations:**

ate:	Signature:	
		Division Dean/Supervisor
ice President		
I recommend this I do not recomme	application and this application	
ate:	Signature:	
		Vice President of Instruction or Vice President of Student Services
resident		
I recommend this I do not recomme		
ate:	Signature:	
		President

### **Tear Sheet**

This is to confirm that a Professional Achievement Award App	plication was received from the faculty employee listed below:
Name:	Campus:
Department:	Date Received:
Received by:	

### **SELF-EVALUATION**

Provide a self-evaluation that reflects thoughtful assessment of your continuing development as an educator,
including discussion of relevant accomplishments, professional growth, and future goals.
You may also consider identifying challenges/problems related to your principal duties and the way(s) you have
addressed them using new pedagogical theories/strategies and/or feedback from administrative, peer, and/or
student evaluations. Suggested length: 250-500 words.

### SPECIAL SERVICE ACTIVITY REPORT

- See Article 38.5 for examples of activities that qualify as Special Service.
- Provide information on your special service activities in the format prescribed below.
- Organize special service activities by academic year.
- · Attach additional sheets if necessary.

Academic Year 1: \_\_\_\_\_ -\_\_

• <u>Please note</u>: If you have used an activity (such as Tenure Review Committee service) for PGA units under Article 38.4.3, in Part 2 of this Application, you cannot re-use that activity as special service.

Description of Activity	<u>Dates</u>	Nature of Participation
Academic Year 2:	_	
Description of Activity	<u>Dates</u>	Nature of Participation

# Academic Year 3: \_\_\_\_\_ - \_\_\_\_ Description of Activity Dates Nature of Participation

<u>Dates</u>

SPECIAL SERVICE ACTIVITY REPORT, continued

Academic Year 4: \_\_\_\_ Description of Activity

Nature of Participation