

FEEDBACK FOR SABBATICAL APPLICATIONS

To be completed by the Sabbatical Committee Chair after recommendations have been submitted to the TMCC President.

Applicant Information			
Last Name	First Name	Middle Initial	
Provide feedback for Sabbatical Application	Weak	Neutral	Strong
1. Is the project consistent with the vision, mission, values, and strategic initiatives of TMCC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the project develop or update your skills in ways that will benefit TMCC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the project benefit the students of TMCC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the intended outcomes clearly stated and related to identifiable needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the measurements of the intended outcomes described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the time schedule include activities to be accomplished during the Sabbatical as well as the final report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the proposed project involve activities that fall outside of your normal job description?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the project have the intellectual sophistication appropriate for a community college professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>