Please Comment On Each Section Below

<table>
<thead>
<tr>
<th>GOALS OF FACULTY MEMBER</th>
<th>GOALS SET BY CHAIR/CENTER DIRECTOR</th>
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<tbody>
<tr>
<td>I. Teaching Activities</td>
<td></td>
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<tr>
<td>(Average Hours/Week: ___)</td>
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<td>- New Course Development:</td>
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<td>I plan to develop a new upper division course entitled &quot;Real World Applications of Developmental Psychology.&quot; The goal of this course is to expose students to the wide range of contexts that apply principles from Developmental Psychology and to help them gain an understanding of how experimental an in vivo research contributes to real world practice. This will be a seminar course with primary source readings and guest speakers from various settings.</td>
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<td>- Course Redesign: Flipping the Class:</td>
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<td>Recent research suggests that learning is improved when course activities are &quot;flipped&quot; - pre-taped lectures are given as homework and class time is used for homework - doing problems, writing, designing, etc. During the</td>
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next year I plan to redesign my Cognitive Psychology course to follow this flipped model. During the summer I will script and tape the first 12 lectures of my class and rewrite the homework assignments to make them workable in the 50 minute class period.

II. Research/Scholarly Activities
(Average Hours/Week: ___)
- **Scientific Reasoning Research:** Next year I plan on publishing the results of my studies on childrens' understanding of indeterminacy, and to submit a new grant proposal to examine various interventions to help children develop their scientific reasoning skills.
- **Research Project:** I plan to begin a large scale study on the development of scientific reasoning and how beliefs affect hypothesis testing strategies, evidence interpretation and theory change. This study will involve children from third grade through high school.

III. Service Activities
(Average Hours/Week: ___)
- There are no goals to report.

IV. Professional Development Activities
(Average Hours/Week: ___)
- There are no goals to report.

V. Additional Comments

Faculty Member:

Department Chairperson:
VI. Faculty Acknowledgment  
(Please initial one)

______ I agree with the evaluation and goals for next year.

______ I disagree with the evaluation and goals for next year.

______ I wish to appeal this evaluation and/or the goals to the Dean.

Faculty Member’s Signature ___________________________ Date __________

Center Director’s Signature (if applicable) ___________________________ Date __________

Department Chairperson’s Signature ___________________________ Date __________

VII. To be completed by the Dean following his review of the appeal: 
(Please initial one)

______ I agree with the evaluation

______ I disagree with the evaluation

Dean’s Signature ___________________________ Date __________