Administrative Faculty Annual Evaluation Form

Name:		Date:			
Position title & ran	nk:				
Period covered by	vevaluation: From:		To: _		
When the Overall must be provided written suggestion evaluations to the Key: Excellent - Good - Bet	to be given for each to be given for each to be given is unsaft. In addition, an one for improvement tunion per Article 1. Superior performanter than average per	th of five general tisfactory or excepterall rating of . (Human Resou .9.5). here in meeting re- rformance in me	al areas listed be ellent, concludir unsatisfactory i irces will provid	ng narrative comments must be accompanied by le a copy of Unsatisfactory	
	ry - Meets requireme ttory - Does not mee				
(including know		f responsibility,	competence in h	nal skills in the field worked nandling responsibilities of ively).	
The rating for this area is:	Excellent	Good	Satisfactory	Unsatisfactory	
Comments (if appl	icable):				

				iversity personnel and to tairly and objectively)				
	Excellent	Good	Satisfactory	Unsatisfactory				
The rating for this area is:			·	Ž				
Comments (if applic	cable):							
3. Quality of participation and professional judgment in University and/or systemwide activities including committee work and/or advisory service to students and professional colleagues, and similar contributions.								
TTI (* C	Excellent	Good	Satisfactory	Unsatisfactory				
The rating for this area is:								
Comments (if applic	cable):							

knowledge and	d competence, ren iticism and sugge	naining current	and active in area v	(including improvement of worked. Acceptance of methods or techniques w	
	Excellent	Good	Satisfactory	Unsatisfactory	
The rating for this area is:					
Comments (if appl	licable):				
5. Promise of cor	ntinued professio	nal growth.			
The rating for this area is:	Excellent	Good	Satisfactory	Unsatisfactory	
Comments (if appl	licable):				

The overall performance assessment for the evaluation period is: Excellent Good Satisfactory Unsatisfactory Comments (if applicable, Excellent must include narrative statement. Unsatisfactory must include narrative statement and suggestions for improvement.) Recommended for renewal (if applicable): Yes No Prior to award of continuing appointment, positive evaluations do not ensure renewal of appointment. Recommended for continuing appointment (if applicable): Yes No Prepared by (evaluator) _____ Date ____ 1st level of Management (outside of the bargaining unit): _____ Date _____ Comments (if any)

Acknowledged by (evaluee) _____ Date ____