

# PROFESSIONAL STAFF EVALUATION FORM

1. Evaluation for:
  - a. Annual Review
  - b. Promotion
  - c. Tenure
  - d. Promotion and Tenure
  
2. Covering the calendar year:
  
3. Attach your applicable Professional Development Plan (PDP)  3 Years  
 6 Years  
 Not Applicable

## PART A TO BE COMPLETED BY FACULTY UNIT MEMBER

4. Background information:  
  
Name:  
Department:  
Date:  
Academic rank: \_\_\_\_\_ and date granted: \_\_\_\_\_  
  
Degrees in reverse chronological order:  
  
Additional academic or professional education:  
  
Professional experience:

Responses for items 5-11 must be reflective of the approved professional development plan, if applicable.

5. Expectations, consistent with institutional policies and subject to the concurrence of the dean and vice president, for faculty unit member performance with respect to teaching and academic advising; research, scholarship or creative activity; and service during the evaluation period.

6. Describe your assigned responsibilities during the evaluation period.
7. Describe your major performance objectives during the current evaluation period.
8. Teaching/Advising
  - a. List your significant contributions to teaching or cooperative extension activities. (Appendix G of the BOR/COHE Agreement contains a sample list.)
  - b. List your significant contributions to academic advisement.
9. Research, Scholarship, or Creative Activities

List your significant contributions in research, scholarship or creative activity. (Appendix G of the BOR/COHE Agreement contains a sample list.)
10. University Professional and Community Service
  - a. List your significant contributions to the university. (Appendix G of the BOR/COHE Agreement contains a sample list.)
  - b. List your significant contributions to your discipline or profession. (Appendix G of the BOR/COHE Agreement contains a sample list.)
  - c. List your significant contributions to the community-at-large. (Appendix G of the BOR/COHE Agreement contains a sample list.)
11. Proposed major performance objectives for the next evaluation period.

12. Proposed amendments to professional development plan (state if none)

**PART B**  
**TO BE COMPLETED BY IMMEDIATE ADMINISTRATIVE SUPERVISOR**

13. Professional performance:

- a. Indicate your assessment of the faculty unit member's performance by explaining whether, consistent with contemporary standards of the institution, the faculty unit member exceeded, achieved or fell short of the level of performance reasonably expected in a(n) (indicate rank) with like tenure status and comparable professional responsibilities and resources. The explanation must indicate the consideration given to rank, experience and tenure status, professional responsibilities and resources. Separate ratings must be given for teaching, including separate mention of academic advisement, research and service responsibilities. In each instance, the supervisor must identify the specific activities, or lack thereof, that warrant the rating.
- b. Summarize progress reflective of the professional development plan.
- c. For all faculty unit members who serve on tenure track contracts or who hold rank below that of professor, comment about progress towards achieving the levels of performance that, in keeping with institutional standards, justify a recommendation for promotion to a more senior rank or award of tenure. Comments must address each area of professional responsibility.
- d. Where appropriate, include recommendations for augmentation monies and contract renewal.
- e. Response to the faculty unit member's major performance objectives for the next evaluation period, reflective of the professional development plan.
- f. Professional development plan has been reviewed and  
\_\_\_\_\_ no modifications are required.  
\_\_\_\_\_ modifications are required.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

12. I have received these comments and ratings from my immediate supervisor. I understand that I have the right to respond to these comments and ratings in writing or to call upon a peer group to review the evaluation, provided that notice of such intent is given to the department head within five (5) working days after receipt of this document.

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Signature of Faculty Unit Member

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Date

13. I should like to add:

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Signature of Faculty Unit Member

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Date

14. I have reviewed these comments and ratings. I should like to add:

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Signature of Dean **or** Vice President for Academic Affairs

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Date