# 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.
      (Board Policy No. 4:38 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.
   (Board Policy No. 4:38 contains a sample list.)

10. University Professional and Community Service

    a. List your significant contributions to the university.
       (Board Policy No. 4:38 contains a sample list.)

    b. List your significant contributions to your discipline or profession.
       (Board Policy No. 4:38 contains a sample list.)

    c. List your significant contributions to the community-at-large.
       (Board Policy No. 4:38 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.

_____
Signature of Faculty Unit Member

_____
Date

13. I should like to add:

_____
Signature of Faculty Unit Member

_____
Date

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

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

_____
Date