## Administrative Faculty Annual Evaluation Form

| Name:                               | Date: |  |
|-------------------------------------|-------|--|
| Position title & rank:              |       |  |
| Period covered by evaluation: From: | То:   |  |

An assessment of the administrative faculty member's performance based on his/her established job description is to be given for each of five general areas listed below.

When the **Overall Evaluation** is unsatisfactory or excellent, concluding narrative comments must be provided. In addition, an overall rating of unsatisfactory must be accompanied by written suggestions for improvement. (Human Resources will provide a copy of Unsatisfactory evaluations to the Union per Article 19.5).

- Key: Excellent Superior performance in meeting requirements Good - Better than average performance in meeting requirements Satisfactory - Meets requirements Unsatisfactory - Does not meet requirements
- **1. Demonstrated knowledge and effective application of professional skills in the field worked** (including knowledge about area of responsibility, competence in handling responsibilities of the position, and ability to make effective decisions and plan effectively).

|                              | Excellent | Good | Satisfactory | Unsatisfactory |
|------------------------------|-----------|------|--------------|----------------|
| The rating for this area is: |           |      |              |                |

Comments (if applicable):

## **2.** Willingness and ability to work constructively with students, University personnel and the general public (including effective communication and ability to act fairly and objectively).

|                  | Excellent  | Good | Satisfactory | Unsatisfactory |
|------------------|------------|------|--------------|----------------|
| The rating for   |            |      |              |                |
| this area is:    |            |      |              |                |
|                  |            |      |              |                |
| Comments (if ap) | plicable): |      |              |                |

**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.

|                | Excellent | Good | Satisfactory | Unsatisfactory |
|----------------|-----------|------|--------------|----------------|
| The rating for |           |      |              |                |
| this area is:  |           |      |              |                |

Comments (if applicable):

**4.** Activities demonstrating professional growth and achievement (including improvement of knowledge and competence, remaining current and active in area worked. Acceptance of constructive criticism and suggestions and changing performance methods or techniques when essential to the position).

Excellent Good Satisfactory Unsatisfactory The rating for this area is:

Comments (if applicable):

## 5. Promise of continued professional growth.

|                | Excellent | Good | Satisfactory | Unsatisfactory |
|----------------|-----------|------|--------------|----------------|
| The rating for |           |      |              |                |
| this area is:  |           |      |              |                |

Comments (if applicable):

## The overall performance assessment for the evaluation period is:

Good

Excellent

| Comments (if applicable, Excellent must include narrative st               |              |                   |
|--|--------------|-------------------|
| Unsatisfactory must include narrative statement and suggest                | tions for im | iprovement.)      |
|  |              |                   |
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|  |              |                   |
|  |              |                   |
| Recommended for renewal (if applicable):                                   | Yes          | No                |
| Prior to award of continuing appointment, positive evaluation appointment. | ations do n  | ot ensure renewal |
| Recommended for continuing appointment (if applicable):                    | Yes          | No                |
|  |              |                   |
| Prepared by (evaluator)  |              | Date              |
| 1st level of Management (outside of the bargaining unit):                  |              |                   |

Satisfactory

Unsatisfactory

of

\_\_\_\_\_ Date \_\_\_\_\_ Comments (if any) Acknowledged by (evaluee) \_\_\_\_\_\_ Date \_\_\_\_\_ Provost/VP/AVP/Chief \_\_\_\_\_ Date \_\_\_\_\_