**ANNUAL EVALUATION REPORT – TERM APPOINTMENT FACULTY**

**EVALUATION PERIOD JANUARY 1,**       **THRU DECEMBER 31,**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |       | **PIN:** |       |  |  |
| **Department:** |       | **Appointment Period** |       to       |
| **Professional Rank:** | **Full** [ ]  **Associate** [ ]  **Assistant** [ ]  | [ ]  **Other:** |       |
| **Teaching Faculty** [ ]  **Non-Teaching Faculty** [ ]  | **FTE Percentage:** |       |  |

This annual evaluation covers the previous calendar year. The evaluator’s remarks must address any changes in performance in each area since the last annual evaluation. The remarks should address the individual’s progress toward tenure and/or promotion to the next rank, where applicable.

**1.** Weighted Percentage:
**Teaching/Position Effectiveness** (or performance of assigned duties for non-teaching faculty)

 NOTE: For instructional faculty, evaluations “shall include an assessment of teaching evaluations completed by their students, but may not be limited to said student evaluations.”

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| CHECK ONE: | Does Not Meet Expectations (1) [ ]  Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]   |
|  |
| REMARKS REQUIRED:       |
| **Evidence of Learning Outcomes Assessed Yes**[ ]  **No**[ ]  **(ATTACH EVIDENCE)** |

**2.** Weighted Percentage:
**Scholarly Research and/or Creative Activity**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ]  Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]   |
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| REMARKS REQUIRED:       |

**3.** Weighted Percentage:
**Service/Community Engagement** (System, University, College/School, Department/Unit, Professional, Community)

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| CHECK ONE: | Does Not Meet Expectations (1) [ ]  Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]   |
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| REMARKS REQUIRED:       |

**4. OVERALL Evaluation**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ]  Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]   |
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| REMARKS REQUIRED: |       |
| Teaching      RSCA      Service       |

**5. LIST GOALS, OBJECTIVES, AND WEIGHTED PERCENTAGES TO BE COMPLETED IN THE NEXT YEAR.**

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| REMARKS REQUIRED:       |

***\* If any section is rated “Unsatisfactory”:*** *“A proposed remedial course of action and a reasonable time limit must be added to the evaluation for mutual collegial benefit, and be undertaken during the period before the next evaluation.”*

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| **EVALUATOR:** *I have prepared this “Annual Evaluation Report” and reviewed it with the employee:* |
|  |  |  | Date: |  |  |
| *Evaluator’s Signature* |
|  |
| Type/Print Name:  |       | Title:  |       |

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| **EMPLOYEE:** *I have read and reviewed the foregoing evaluation. It is my understanding that I may attach comments, if there is a disagreement with the evaluation.* |
|  |  |  | Date: |  |  |
| *Employee’s Signature* |

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| **DEAN:** |
|  | [ ]  I concur with the Evaluator’s assessment. |
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|  | [ ]  I disagree with the Evaluator’s assessment. *My reasons are attached*. |
|  |
|  | [ ]  N/A – The Dean is the Evaluator. |
|  |  |  | Date: |  |  |
| *Dean’s Signature* |
|  |
| Type/Print Name: |       |  |

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| **PROVOST AND Vice President for Academic Affairs:** |
|  | [ ]  I concur with the Dean’s assessment. |
|  |
|  | [ ]  I disagree with the Dean’s assessment. *My reasons are attached.* |
|  |  |  | Date: |  |  |
| *Provost’s Signature* |
|  |
| Type/Print Name: |       |  |