



Professional Employee's Evaluation Report

(for period _____)

Name: _____

SL: _____

Title: _____

College/Calendar Year: _____

Department/Division: _____

A. Elements of performance program and other assignments emphasized during the period under evaluation:

B. Narrative Evaluation

The objectives of the performance program are to be reviewed. Comments should include, but not be restricted to, the criteria (from the Policies of the Board of Trustees) listed below. Areas deserving special acknowledgement or in need of improvement should be noted.

1. Effectiveness in Performance – *as demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationship with colleagues.*
2. Mastery of Specialization – *as demonstrated, for example, by degrees, licenses, honors, s demo sne dtra, s fcn fn rdxptmmfxcnsl pfileb*
3. Professional Ability – *as demonstrated, for example, by invention or innovation in rdxptmmfxcnsl myfin, fpyfo seufnfm, ds fcto x d, tyinfyl sdtsmg ftrbo etctbxrtn, x d dtpfntutn, xp rdxvdsumo ut, ixemo rdxyteadtmo x d srrsds, amb*

4. Effectiveness in University Service – *as demonstrated, for example, by such things as college and University public service, committee work, and involvement in college or University related student or community activities.*

5. Continuing Growth - *as demonstrated, for example, by continuing education, participation in professional organizations, enrollment in training programs, research, improved job performance and increased duties and responsibilities.*

C. Specific comments addressing these criteria:

1. Effectiveness in Performance:
2. Mastery of Specialization:
3. Effectiveness in University Service:
4. Professional Ability:
5. Continuing Growth:

In summary, the employee's performance was:

Satisfactory

Unsatisfactory

D. I have reviewed my performance program and this document with my supervisor. My signature signifies that I have been advised of my performance and does not imply that I agree or disagree with this evaluation.

Signature of Employee:

Date:

Signature of Supervisor:

Date:

Signature of
Administrative Supervisor:

Date: