

**Student Success and Well-Being  
In-Unit A&P Annual Evaluation Standards & Procedures  
Counseling and Psychological Services (CAPS)  
Wellness and Health Promotions Services (WHPS)**

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Department: \_\_\_\_\_

Review Period: \_\_\_\_\_ to \_\_\_\_\_

Type of Review: \_\_\_\_\_ Annual

\_\_\_\_\_ 6 Month

\_\_\_\_\_ Other

The job performance of an **In-Unit A&P** staff member is to be reviewed annually on an academic year (May-May) basis to ensure attainment of professional and division goals and objectives, to enhance communications, and to facilitate and promote career growth and development. Evaluations are to be performed in accordance with the BOT-UFF Collective Bargaining Agreement. **The following are the top three goals from your previous annual performance review. The type of progress achieved on these goals will affect ratings under category #11.**

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**Goal I:**

**Comments:**

**Goal I:**      \_\_\_Achieved              \_\_\_Not Achieved              \_\_\_In Progress

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**Goal II:**

**Comments:**

**Goal II:**      \_\_\_Achieved              \_\_\_Not Achieved              \_\_\_In Progress

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**Goal III:**

**Comments:**

**Goal III:**      \_\_\_Achieved              \_\_\_Not Achieved\_              \_\_\_In Progress

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Unsatisfactory (Consistently below Expectations)	Conditional (Below Expectations)	Satisfactory (Meets Expectations)	Above Satisfactory (Above Expectations)	Outstanding (Exceeds Expectations)	Not Applicable
U	C	S	AS	O	N/A

1. <b>Clinical Efficiency:</b> Is efficient in the clinical system by being consistent with Department direct service expectations. Efficiently manages schedule and multiple clinical duties as outlined in work agreement and Department policies and procedures.	U	C	S	AS	O	N/A
2. <b>Clinical Competency:</b> Performs all the duties and responsibilities of the clinical system and provides effective clinical services in those roles. Serves as an effective generalist and follows Department policies and procedures. Demonstrates knowledge, skills, and awareness of cultural competency variables in professional practices. Makes decisions with cultural sensitivity in mind. Is consistent with CAPS ethical and cultural competency mission.	U	C	S	AS	O	N/A
3. <b>Clinical Documentation:</b> Provides timely, accurate, thorough, and comprehensive documentation of clinical work consistent with Department policies and procedures and Florida laws and rules.	U	C	S	AS	O	N/A
4. <b>Supervision/Training Engagement/Supervision Competency:</b> Demonstrates willingness and adequate participation in training and supervising based on job role and opportunity. Accurately follows through on administrative expectations, documentation, and responsibilities based on Department policies and procedures.	U	C	S	AS	O	N/A
5. <b>Outreach:</b> Meets requirements for outreach demand based on work agreement, opportunity, and participation. Accurately follows through on administrative expectations and responsibilities based on Department policies and procedures.	U	C	S	AS	O	N/A
<b>Comments:</b>						
						<b>Ratings:</b>
6. <b>Initiative:</b> Actively participates in meetings and committees by sharing ideas and opinions. Takes action, leadership and follows through on tasks and commitments. Works independently and contributes effectively as a team member. Represents the Department in a professional and positive manner on campus, in community and/or nationally.	U	C	S	AS	O	N/A
7. <b>Flexibility/Adaptability:</b> Actions and attitudes demonstrate a willingness to change or compromise if needed, easily adjusts to changing circumstances, and deals with change effectively for both the immediate and long-term needs of the Center.	U	C	S	AS	O	N/A
8. <b>Dependability/ Team Player:</b> Actions are consistent with Department responsibilities and expectations. Demonstrates working effectively with colleagues at various levels to solve problems, improve work processes, or accomplish specific tasks. Contributes to a professional, positive, and inclusive work environment.	U	C	S	AS	O	N/A
9. <b>Decision Making/Judgment/Problem Solving:</b> Demonstrates an ability to discern and prioritize responsibilities; develops sound, prompt, and practical solutions to challenges. Follows state laws, ethical guidelines, and University, Division, and Department policies.	U	C	S	AS	O	N/A
10. <b>Effective Communication/Conflict Management:</b> Effectively shares, receives, and integrates feedback. Communicates ideas clearly, accurately, and respectfully, (both verbally and in writing) with all levels of staff.	U	C	S	AS	O	N/A
11. <b>Career Growth/Inclusion/Center Contributions:</b> Engages in positive and productive professional activities enhancing the missions of the Department and the University. Accomplishes annual goals. Obtains and keeps active license or actively working on licensure. Actively participates in professional development activities.	U	C	S	AS	O	N/A
<b>Comments:</b>						
<b>Totals:</b>						
U_____ C_____ S_____ AS_____ O_____ N/A_____						

<b>Comments/Feedback</b>	1.  2.  3.
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<b>Future Goals and Expectations</b>	1.  2.  3.
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**Overall Performance Evaluation**

- \_\_\_ Outstanding: Performance is at least Satisfactory in all areas and outstanding in at least 51% of the applicable evaluated areas.
- \_\_\_ Above Satisfactory: Performance is at least Satisfactory in all areas and Above Satisfactory or better in at least 51% of the applicable evaluated areas.
- \_\_\_ Satisfactory: Performance is at least Satisfactory in all areas; with the exception of one Conditional.
- \_\_\_ Conditional: Performance is below the Satisfactory level by receiving a Conditional in two or more areas.
- \_\_\_ Unsatisfactory: Performance is below the Satisfactory level by receiving Conditional in two or more areas for a second consecutive evaluation period.

**Employee Comments:**

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**I certify this performance review has been discussed with me.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Direct Supervisor/ Portfolio Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Supervisor

\_\_\_\_\_  
Date