



UNIVERSITY OF CENTRAL FLORIDA

ANNUAL EVALUATION OF IN-UNIT FACULTY PERFORMANCE

An annual evaluation of in-unit faculty performance shall be completed by the faculty member's department chair, school director, or other appropriate unit supervisor. The purpose of the annual evaluation is to communicate to an employee an assessment of that employee's performance of assigned duties by providing written constructive feedback that will assist in improving the employee's performance and expertise. The annual evaluation period shall be the academic year, beginning August 8th, and shall include the preceding summer as appropriate.

In circumstances when a faculty member reports to more than one supervisor (e.g., joint appointments), each of the employee's supervisors are encouraged to contribute to and sign off on this evaluation. Please attach the employee's assignment(s) for the period(s) under evaluation.

Person Evaluated

Rank/Title

Period of Evaluation (Semester/Yr to Semester/Yr)

PERFORMANCE PROFILE

CATEGORY	EVALUATION RATING	EVALUATOR COMMENTS (including suggestions for improvement or change, if appropriate)
A. Instruction & Advisement Annual Average FTE* _____		

Person Evaluated

Rank/Title

Period of Evaluation (Semester/Yr to Semester/Yr)

CATEGORY	EVALUATION RATING	EVALUATOR COMMENTS (including suggestions for improvement or change, if appropriate)
B. Research & Creative Activities		
Annual Average FTE* _____		

Person Evaluated

Rank/Title

Period of Evaluation (Semester/Yr to Semester/Yr)

CATEGORY	EVALUATION RATING	EVALUATOR COMMENTS (including suggestions for improvement or change, if appropriate)
C. Service, Professional Development & Governance		
Annual Average FTE* _____		
D. Other University Duties		
Annual Average FTE* _____		

* Weighted FTE for the categories described above over the semester in the evaluation period.

Note: Evaluation choices are: Outstanding, Above Satisfactory, Satisfactory, Conditional and Unsatisfactory. **Detailed and comprehensive comments on either Outstanding, Conditional, or Unsatisfactory ratings are required.** The back of this page may be used.

Person Evaluated

Rank/Title

Period of Evaluation (Semester/Yr to Semester/Yr)

OVERALL EVALUATION ASSESSMENT

SPOKEN ENGLISH LANGUAGE COMPETENCY:

Proficient

Recommended Proficiency Test

If recommending proficiency test, explain the reason(s) below.

EVALUATOR SIGNATURE(S)

Where the employee reports to more than one supervisor (e.g., joint appointments), each of the employee's supervisors are encouraged to contribute to and sign off on the evaluation.

The signatures below certify that the data outlined in this evaluation has been derived from the following: faculty, students, self and other university officials, as appropriate.

Print Evaluator's Name	Department/Unit	Evaluator's Signature	Date
Print Evaluator's Name	Department/Unit	Evaluator's Signature	Date
Print Evaluator's Name	Department/Unit	Evaluator's Signature	Date

COMMENTS BY PERSON EVALUATED

I acknowledge receiving my annual performance evaluation.

Faculty Signature

Date