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| Faculty Member Name: | Evaluation for the period: Date of review: |
| Supervisor Name: | Rank: Track: TENURE / NON-TENUREPrimary emphasis area:  |
| Goals and objectives fROM PREVIOUS evaluation period. Please iNDICATE IF EXPECTED OUTCOME WAS REACHED |
| * Click here to enter text.
* Click here to enter text.
* Click here to enter text.
 |
| CURRENT PROFESSIONAL RESPONSIBILITIES. list your major professional responsibilities and if you anticipate significant changes in the coming year. |
| * Click here to enter text.
* Click here to enter text.
* Click here to enter text.
 |
| long term goals for the next 3-5 years. indicate how you will assess if the goal was accomplished (expected outcome) |
| * Click here to enter text.
* Click here to enter text.
* Click here to enter text.
 |
| Short term goals for the coming year (sHOULD BE ACTION PLAN TO ACHIEVE LONG TERM GOALS, BY MISSION AREA)indicate how you will assess if the goal was accomplished (expected outcome) |
| * Click here to enter text.
* Click here to enter text.
* Click here to enter text.
 |
| list any barriers you can identify to achieving your goals listed above and what can your DIRECTOR/chair do to facilitate your forward progress |
| * Click here to enter text.
* Click here to enter text.
* Click here to enter text.
 |
| Goals and objectives for next evaluation period |
| * Click here to enter text.
* Click here to enter text.
* Click here to enter text.
 |
| Employee Signature | Supervisor Signature |
| Name:Date: | Name:Date: |