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| Faculty Member Name: | | Evaluation for the period:  Date of review: |
| Supervisor Name: | | Rank:  Track: TENURE / NON-TENURE  Primary 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: | |