# Annual Evaluation Goals And Planning

**Faculty Member Name**: Enter faculty member name
**Evaluation For The Period**: MM/DD/YY – MM/DD/YY
**Date of Review**: MM/DD/YY

**Supervisor Name**: Enter supervisor name
**Rank**: Enter rank
**Track**: Enter tenure or non-tenure
**Primary Emphasis Area**: Enter primary emphasis area

## Goals and Objectives From Previous Evaluation Period

Please indicate if expected outcome was reached.

* Enter goal/objective from previous evaluation period
* Enter goal/objective from previous evaluation period
* Enter goal/objective from previous evaluation period

## Current Professional Responsibilities

List your major professional responsibilities and if you anticipate significant changes in the coming year.

* Enter current professional responsibility
* Enter current professional responsibility
* Enter current professional responsibility

## Long-Term Goals For The Next 3-5 Years

Indicate how you will assess if the goal was accomplished (expected outcome).

* Enter long-term goal
* Enter long-term goal
* Enter long-term goal

## Short-Term Goals For The Coming Year

This should be an action plan to achieve long-term goals, by mission area. Please indicate how you will assess if the goal was accomplished (expected outcome).

* Enter short-term goal
* Enter short-term goal
* Enter short-term goal

## Barriers To Achieve Your Goals

List any barriers you can identify to achieving the goals listed above and what can your director/chair do to facilitate your forward progress.

* Enter barrier to achieve your goals
* Enter barrier to achieve your goals
* Enter barrier to achieve your goals

## Goals and Objectives For Next Evaluation Period

* Enter goal/objective for next evaluation period
* Enter goal/objective for next evaluation period
* Enter goal/objective for next evaluation period

## Employee Signature

**Print Name**: Enter full name

**Date**: MM/DD/YY


## Supervisor Signature

**Print Name**: Enter full name

**Date**: MM/DD/YY

