

Annual Faculty Performance Appraisal Report

Faculty Information

Name: _____		
First	M.I.	Last
S#: S _____	Phone #: _____	
Email: _____		
Department/Program: _____	Academic Year: _____	
Mid-Year Evaluation Meeting: _____ (Date)	Supervisor Initials: _____	Faculty Initials: _____
Final Annual Performance Rating:	<input type="checkbox"/> Exemplary <input type="checkbox"/> Commendable <input type="checkbox"/> Needs Improvement	
Primary Program Area Assignment: _____		
Secondary Program Area Assignment (s): _____		
Current Credential Date of Issue: _____	Current Credential Expires: _____	
Hours toward New Credential: Current Year: _____	Cumulative: _____	

Supervisor's Comments:

Supervisor: _____
Print Name Signature Date

Faculty: _____
Print Name Signature Date

**Signature does not signify agreement with performance appraisal. If desired, the faculty member may choose to submit a written response to the appraisal that will also be placed in his/her personnel file.*

Dean: _____
Print Name Signature Date

Provost: _____
Print Name Signature Date