

**ANNUAL EVALUATION OF FACULTY PERFORMANCE
BURNETT SCHOOL OF BIOMEDICAL SCIENCES**

College of Medicine

University of Central Florida

The purpose of the annual evaluation is to assess and communicate the nature and extent of an employee's performance of assigned duties. The employee's assignment(s) for the period of evaluation is (are) to be attached to the annual evaluation along with the proposed goals and objectives for the next academic year. This annual evaluation of faculty performance is completed by the faculty member's school director in Part II, after the faculty member indicates his/her annual accomplishments in Part I. Effective 2012, the period of evaluation is the academic year.

Evaluated Faculty	Employee ID#	Rank/Title	Period of Evaluation

PART I - PERFORMANCE PROFILE

CATEGORY	FACULTY ACCOMPLISHMENTS
A. Education	
Annual Average FTE* _____	
B. Research and Creative Activities	
Annual Average FTE* _____	
C. Service (Including Governance)	
Annual Average FTE*	

D. Other Assigned Duties	
Annual Average FTE* _____	

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

PART II – PERFORMANCE EVALUATION

CATEGORY	EVALUATION RATING**	EVALUATOR'S COMMENTS (including suggestions for improvement or change, if appropriate)
A. Education		
Annual Average FTE*		
B. Research and Creative Activities		
Annual Average FTE*		
C. Service (Including Governance)		

Annual Average FTE*		
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*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.**

OVERALL EVALUATION ASSESSMENT _____

SPOKEN ENGLISH LANGUAGE COMPETENCY: Proficient Recommended Proficiency Test

If recommending proficiency test, explain reasons(s):

EVALUATOR SIGNATURE(S)

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.

_____ BSBS, College of Medicine _____ _____
 Print Evaluator's Name Department/Unit Signature Date

COMMENTS BY THE EVALUATED FACULTY MEMBER (optional)

I acknowledge receiving my annual performance evaluation.

Faculty Signature Date

College of Medicine

Print Dean's Name College Signature Date

Original: employee's file (Dean's office)
Copy: employee, department/unit