

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	Choose an item.	
Annual Average FTE* 		
B. Research and Creative Activities	Choose an item.	
Annual Average FTE* 		
C. Service (Including Governance)	Choose an item.	
Annual Average FTE* 		
D. Other Assigned Duties	Choose an item.	
Annual Average FTE* 		

*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. ***

Choices are: _____

OVERALL EVALUATION ASSESSMENT

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.

Griffith Parks

Print Evaluator's Name	BSBS Department/Unit	_____	_____
		Signature	Date

COMMENTS BY THE EVALUATED FACULTY MEMBER (optional)

I acknowledge receiving my annual performance evaluation.

Deborah German
Print Dean's Name

_____	_____
Faculty Signature	Date

COM
College

Signature

Date

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