The University of Arizona

College of Agriculture and Life Sciences

Appointed Personnel Evaluation Form for Calendar Years 2009-2011

**Form for individual self-evaluation, peer committee, division chair and department head**

|  |  |  |
| --- | --- | --- |
| **Name**: |  | **Rating Scale:  5 = Truly Exceptional** |
| **School/Department/County**: |  | **4 = Exceeds Expectations** |
|  |  | **3 = Meets Expectations** |
| **Division** ***(if applicable)*:** |  | **2 = Needs Improvement** |
| **Division Chair *(if applicable)*:** |  | **1 = Unsatisfactory** |

Categories are matched with the Annual Performance Report. If a category does not apply to the appointment type, leave it out. Administrators must comment on any evaluations at extremes (1 or 5), or any ratings that are different from the peer committee’s ratings. Peer Review Committee and Division Chair evaluations need not be reported in whole numbers. Department head must use a whole number from the rating scale above for the overall evaluation. The evaluation must be discussed with the appointed person by **May 1, 2012**. Use the results of the current year and the two previous years’ evaluations to determine combined rating. Complete the post tenure review process by June 1.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | CY 2011 | | | | | | | | | | | CY 2009-11 | | | | |
|  | Self |  | | | Peer | | Division Chair | | | Dept. Head | | Peer | | Division Chair | | Dept. Head |
| 1. Instruction |  | |  | |  | | |  | | |  |  |  | |  | |
|  |  | |  | |  | | |  | | |  |  |  | |  | |
| 2. Research |  | |  | |  | | |  | | |  |  |  | |  | |
|  |  | |  | |  | | |  | | |  |  |  | |  | |
| 3. Extension |  | |  | |  | | |  | | |  |  |  | |  | |
|  |  | |  | |  | | |  | | |  |  |  | |  | |
| 4. Service |  | |  | |  | | |  | | |  |  |  | |  | |
|  |  |  | |  | |  | | |  | | |  |  | |  | |
| 5. Division Chair and Head's Overall Evaluation | | | | | | | | | | | |  |  | |  | |
| (not a summation or average of the above selections) | | | | | | | | | | | |  |  | |  | |
|  |  |  | |  | |  | | |  | | |  |  | |  | |

**Annual Evaluation for**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peer Reviewers’ Comments**:

**Division Chair Comments**: *(if applicable)*

**Administrator Comments**:

**Administrator Signature** **Date:**

**Appointed Person Comments**:

**Appointed Person Signature** **Date:**