

**ADMINISTRATIVE FACULTY ANNUAL EVALUATION FORM  
SOUTHERN CONNECTICUT STATE UNIVERSITY**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Rank:** \_\_\_\_\_  
**Period Covered by Evaluation:** \_\_\_\_\_

An assessment of the administrative faculty member’s performance based on his/her established job description is to be given for each of five general areas listed below.

When the **Overall Evaluation** is unsatisfactory or excellent, concluding narrative comments must be provided. In addition, an overall rating of unsatisfactory must be accompanied by written suggestions for improvement. (Human Resources will provide a copy of Unsatisfactory evaluations to the Union per Article 19.5).

**Key**

Excellent	Superior performance in meeting requirements
Good	Better than average performance in meeting requirements
Satisfactory	Meets requirements
Unsatisfactory	Does not meet requirements

**1. Demonstrated knowledge and effective application of professional skills in the field worked (including knowledge about area of responsibility, competence in handling responsibilities of the position, and ability to make effective decisions and plan effectively).**

The rating for this area is:

<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (If applicable):

**2. Willingness and ability to work constructively with students, University personnel and the general public (including effective communication and ability to act fairly and objectively).**

The rating for this area is:

<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (If applicable):

**3. Quality of participation and professional judgment in University and/or systemwide activities including committee work and/or advisory service to students and professional colleagues, and similar contributions.**

The rating for this area is:            **Excellent**                      **Good**                      **Satisfactory**                      **Unsatisfactory**  
                                                                                                                    

Comments (If applicable):

**4. Activities demonstrating professional growth and achievement (including improvement of knowledge and competence, remaining current and active in area worked. Acceptance of constructive criticism and suggestions and changing performance methods or techniques when essential to the position.).**

The rating for this area is:            **Excellent**                      **Good**                      **Satisfactory**                      **Unsatisfactory**  
                                                                                                                    

Comments (If applicable):

**5. Promise of continued professional growth.**

The rating for this area is:            **Excellent**                      **Good**                      **Satisfactory**                      **Unsatisfactory**  
                                                                                                                    

Comments (If applicable):

**The overall performance assessment for the evaluation period is:**

The rating for this area is:                      **Excellent**                      **Good**                      **Satisfactory**                      **Unsatisfactory**  
           

Comments (If applicable):

*Comments (if applicable, Excellent must include narrative statement. Unsatisfactory must include narrative statement and suggestions for improvement.)*

Recommended for renewal (if applicable):                       Yes                       No

**Prior to award of continuing appointment, positive evaluations do not ensure renewal of appointment.**

Recommended for continuing appointment:                       Yes                       No

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	<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
Prepared by (evaluator)	_____	_____	_____
1st level of Management (outside of the bargaining unit):	_____	_____	_____

*Management Comments (if any):*

Acknowledged by (evaluee): \_\_\_\_\_

Provost/VP/AVP/Chief \_\_\_\_\_