

**Administrative Faculty Evaluation Form
Southern Connecticut State University**

Name: _____ **Date:** _____

Position Title & Rank: _____

Type of Evaluation: **Semi-annual** **Annual** **Biennial**

Period covered by evaluation: From: _____ **To:** _____

An assessment of the administrative faculty member's performance based on his/her established job description is to be given for each of the 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.

- 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 the ability to make effective decisions and plan effectively).

Rating: Excellent Good Satisfactory Unsatisfactory

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).

Rating: Excellent Good Satisfactory Unsatisfactory

Comments (if applicable):

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

Rating: 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 position).

Rating: Excellent Good Satisfactory Unsatisfactory

Comments (if applicable):

- 5. Promise of continued professional growth.**

Rating: Excellent Good Satisfactory Unsatisfactory

Comments (if applicable):

- 6. The overall performance assessment for the evaluation period is:**

Rating: Excellent Good Satisfactory Unsatisfactory

Comments (if applicable):

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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

Prepared by (evaluator)_____ Date_____

Acknowledged by (evaluee)_____ Date_____

Reviewed by (appropriate management officials):

_____ Date_____

_____ Date_____

_____ Date_____