

University of Oregon, College of Education

Instructional Faculty Annual Review and Evaluation

Faculty Member:	Position Title:	Department/Program:
Evaluation Period:	Evaluator Name and Title:	Department Head:

1. Performance Factors

	(1) Below Expectations	(2) Meets Expectations	(3) Exceeds Expectations	N/A
Instruction				
Scholarship				
Service				
Equity & Inclusion				

2. Additional Comments

Specific contributions and achievements:
Improvement opportunities:
Other comments:
On Track for next level of advancement or promotion: YES PARTIALLY* NO*
Type of advancement or Promotion (what is the next level?) <i>*if assessment is "No" or "Partially" – Department Head will provide an attached written statement</i>

By signing below, the Department Head (or evaluator designee) and I acknowledge that we have discussed my past performance and have discussed and developed a plan for the next appraisal period.

I understand that I may submit a written response to this evaluation to the Dean's Office within sixty (60) days. I understand that my response will be attached to this evaluation and placed in my permanent personnel file.

Faculty Member Signature: _____ Date performance discussed: _____

Evaluator Signature: _____ Date performance discussed: _____

Department Head (signature indicates reviewed and approved): _____ Date reviewed: _____