

**The University of Arizona
College of Agriculture and Life Sciences**

Appointed Personnel Evaluation Form for Calendar Years 2005-2007
Form for individual self-evaluation, peer committee, and unit head

Name: _____

School/Department/County: _____

Rating Scale:

- 5 = Truly Exceptional
- 4 = Exceeds Expectations
- 3 = Meets Expectations
- 2 = Needs Improvement
- 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 evaluation 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, 2008**. Use the results of the current year and the two previous years' evaluations to determine combined rating. Complete the post tenure review process by May 15.

	CY 2007			CY 2005-07	
	<u>Self</u>	<u>Peer</u>	<u>Head</u>	<u>Peer</u>	<u>Head</u>
1. Instruction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Research	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Extension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Head's Overall Evaluation					<input type="text"/>
(not a summation or average of the above selections)					

Annual Evaluation for: _____

Peer Reviewers' Comments:

Administrator Comments:

Administrator Signature _____

Date: _____

Appointed Person Comments:

Appointed Person Signature _____

Date: _____