

# 2017 FACULTY ANNUAL PERFORMANCE REVIEW

Faculty Name \_\_\_\_\_  
Department - Rank - Title Series \_\_\_\_\_

	DOE FY 2016	DOE FY 2017	DOE FY 2018	DOE 2 Calendar Year Average	Chair Rating	Chair Score	Dean Rating	Dean Score
Instruction								
Research								
Extension/Service								
Administration								
Professional Development								
Calculated Score:								
Final Rating								

CHAIR ASSESSMENT:

DEANS' COMMENTS:

I agree with the above DOE and this evaluation has been discussed with me.

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Date