2008 (calendar year) ANNUAL FACULTY EVALUATION SUMMARY THE FLORIDA STATE UNIVERSITY

PERIOD OF REPORT (if other than annual)
FROM: _____ TO: _____

NAME RANK AND POSITION

COLLEGE DEPARTMENT, AREA, or PROGRAM

Evaluator's Name and Position _____

( ) Annual ( ) Teaching
( ) Concurrent ( ) Research
( ) Special ( ) Service
( ) Other

If primary duties are other than teaching, research, and/or service, indicate primary duties:

Has the evaluator reviewed separate evaluations by both students and faculty in preparing this report? If not, indicate why and what alternative methods have been used by attaching to this report a separate statement explaining such alternative methods. Statement is not required if duties are primarily administrative and no teaching is assigned by the evaluator.

PERFORMANCE OF DUTIES

Indicate evaluation by "x" in appropriate column for each item below. In the OVERALL section, rate the employee's overall performance in fulfilling his or her responsibilities to the University.

	SATISFACTORY	OFFICIAL CONCERN*	INADEQUATE*	NOT OBSERVED
TEACHING	☐	☐	☐	☐
Spoken English Competency**(Special only)	☐	☐	☐	☐
RESEARCH AND OTHER CREATIVE ACTIVITY	☐	☐	☐	☐
SERVICE TO THE UNIVERSITY AND TO THE COMMUNITY	☐	☐	☐	☐
Service to Public Schools (Where appropriate)	☐	☐	☐	☐
OTHER UNIVERSITY DUTIES (Specify)	☐	☐	☐	☐
OVERALL PERFORMANCE***	☐	☐	☐	☐

*Areas checked "Official Concern" or "Inadequate" require explanation by evaluator:

_____

_____

Has this rating been discussed with this employee? ( ) Yes ( ) No (attach explanation)

Signature of Evaluator _____ Signature of Employee _____

Date of Report _____ Number of pages attached to report _____

Signature of Academic Dean/Director _____

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** If "Official Concern" is noted in Spoken English Competency, options for remediation should be communicated in writing as an addendum to this form. A copy of the form with the addendum should be forwarded through the Dean to the Dean of the Faculties.

*** If OVERALL PERFORMANCE is "Inadequate," this report must be forwarded with appropriate recommendations for improvement to the Provost and Vice President for Academic Affairs and the President through the Dean of the Faculties.

_____ _____

Signature of the Provost and Vice President for Academic Affairs Date

Signature of the President Date

SPRING, 2009