**Annual Performance Review: Term or Grant/Contract Faculty**
Department Faculty Review Due on or Before March 15
Department Chair Review Due on or Before April 1

(make separate copies of review form for each level of review)

Name:Click or tap here to enter text.

College:Click or tap here to enter text.

Department/School:Click or tap here to enter text.

Contract termination date:Click or tap here to enter text.

Present Year of Term Appointment: [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5

Assessment of the appointee’s performance of the duties described in the Letter of Appointment (please attach), as documented by teaching observations, student evaluations, and course materials; and by applying standard university and department criteria as appropriate to the appointment:

1. Professional Competence (teaching, clinical, and/or other effectiveness)

2. Professional Recognition (scholarly and creative activities) (for grant/contract faculty
as per letter of appointment; only upon the request of term faculty)

3. Professional Service (All Term, Grant/Contract faculty)

4. Recommendation: [ ]  Not reappointed [ ]  Reappointed if position available and eligible

REVIEWER: [ ]  FACULTY [ ]  CHAIR/DIRECTOR

Signature of Reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:Click or tap here to enter text.

Name (printed): Click or tap here to enter text.