

To be completed annually

Status: _____ Contract _____ Tenured _____

I. TEACHING EFFECTIVENESS & PERFORMANCE OF ASSIGNED TASK

GOAL
Objective(s)
Resources Needed
Assessment Method
Results

II. PROFESSIONAL DEVELOPMENT

GOAL

Objective(s)

Resources Needed

Assessment Method

Results

III. SERVICE TO UNIVERSITY OR COMMUNITY

GOAL

Objective(s)

Resources Needed

Assessment Method

Results

Faculty's Signature _____ Date _____
Chair's Signature _____ Date _____