

THE CITY UNIVERSITY OF NEW YORK

## ANNUAL EVALUATION OF MEMBER OF THE TEACHING FACULTY

Department: Choose Department

Conference Date: Click or tap to enter a date.

(Review of total academic performance and professional progress, for the current year and cumulatively to date for each employee other than tenured full professors; for tenured full professors the evaluation is optional. The annual evaluation conference must be scheduled no later than **March 1**. It will subsequently be placed in the staff member’s personnel file in the Office of Faculty and Staff Relations. In all cases, the staff member evaluated is to be given a copy within ten working days following the conference.)

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Evaluated | | | Employee’s Rank: Choose Title |
| Empl ID | First Name | Last Name | Name of Evaluator: |
|  |  |  |

MEMORANDUM OF DISCUSSION, EVALUATION CONFERENCE:

On the above date, I discussed with the subject employee his/her total academic performance and professional progress to date. The items listed below were reviewed.

# Achievement of Goals (Accomplishments)

|  |  |  |
| --- | --- | --- |
| **Last year’s goals** | **Completed (y/n/p)** | **Comments** |
| 1. |  |  |
|  |  |  |
|  |  |  |

# Teaching

* 1. Peer Evaluations:

Peer evaluations are generally positive

Peer evaluations suggest need for improvement

Comments:

* 1. Student Evaluations

Student evaluations are generally positive

Student evaluations suggest need for improvement

Comments:

# Department/College/University Committees

|  |  |
| --- | --- |
| **Committee** | **Activities** |
| 1. |  |
| 2. |  |
| 3. |  |

# Departmental/College/University Contributions **–** *(New Curriculum Development, New Program Development, Work on Grants (not as PI or coPI), Presentations at College Events, etc.)*

|  |  |
| --- | --- |
| **Activity** | **Activities** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

# Student Advisement/Mentoring (include student presentations and publications)

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# Willingness to Cooperate With Others for the Good of the Students, Colleagues, Department and the College.

# 7. Community Service in discipline *(Math/Science Fair judge, Editor for publication, etc.)*

|  |  |
| --- | --- |
| **Activity** | **Activities** |
| 1. |  |
| 2. |  |

8. Professional Development

* 1. Peer reviewed publications (identify journal articles, conference proceedings, etc.)

b) Other publications

c) Conference presentations - *specify if regional or national conference (Do not include student presentations such as the Honors conference; that should go under Student Advisement /Mentoring.)*

d) Grants funded (specify if PI or coPI, funding source, title of grant, amount)

# e) Degree Attainment (after time of hire)

# f) Creative Works in Individual’s Discipline

# g) Other

9. Goals for next year

# 10. Recommendations from evaluator

On the basis of the total review, I stated to the employee the employee’s overall performance and progress was considered:

Satisfactory  Unsatisfactory

Signature of Evaluator Date

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I certify that I have received this date a copy of the Memorandum of Discussion based on the Annual Evaluation Conference. I understand that my signature shall not be deemed to constitute my approval of the contents of the memorandum.

Signature of Employee Evaluated Date Initials

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FOR MEMORANDA IN WHICH OVERALL EVALUATION IS UNSATISFACTORY:

I hereby request an appearance in person before a meeting of the Departmental Committee on Personnel and Budget.

Signature of Employee Evaluated Date Initials

OAA: 9/15.5/18.9/20.2/8/22.