The University of Arizona  
College of Agriculture and Life Sciences

Appointed Personnel Evaluation Form for Calendar Years 2014-2016
Form for individual self-evaluation, peer committee, division chair and unit head

Name: 
School/Department/County: 
Rating Scale:  
   5 = Truly Exceptional  
   4 = Exceeds Expectations  
   3 = Meets Expectations  
   2 = Needs Improvement  
   1 = Unsatisfactory  
Division (if applicable): 
Division Chair (if applicable): 

If a category does not apply to the appointment type, leave it out. Administrators must justify evaluations of 1 or 5 as well as any ratings that are different from the peer committee’s ratings. Peer Review Committee and Division Chair evaluations need not be reported in whole numbers. Unit Heads must use a whole number from the rating scale above for the overall evaluation only. Documents with decimal ratings will be returned to you for correction. Unit heads will meet with individual faculty members by May 1 to discuss the evaluations. Use the results of the current year and the two previous years’ evaluations to determine combined rating. Complete the post-tenure review process by June 1.

<table>
<thead>
<tr>
<th></th>
<th>CY 2016</th>
<th>CY 2014-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
<td>Peer</td>
</tr>
<tr>
<td>1. Instruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Extension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Division Chair and Head's Overall Evaluation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(not a summation or average of the above selections)
Annual Evaluation for: ____________________________

Peer Reviewers’ Comments:

Division Chair Comments (if applicable):

Administrator Comments and/or Justifications (for evaluation rating of 1 or 5 and/or evaluation that differs from the CES Director’s evaluation):

Administrator Signature ____________________________ Date: ______________

Appointed Person Comments:

Appointed Person Signature ____________________________ Date: ______________