

NAME _____ YEAR BEING EVALUATED _____

Personnel Number _____ UTC ID _____

Department _____ Years of Service at UTC/UC _____

Academic Rank: _____

Date of Appointment to Present Rank: _____

Appointment: _____
(Tenured, Probationary, Temporary, or Visiting)

INDIVIDUAL OBJECTIVES SHEET

The University of Tennessee at Chattanooga

Fill in the sections of this form identifying all activities to be undertaken during the year being evaluated to accomplish your individual objectives in the three performance areas. Note that faculty responsibilities include the performance of routine responsibilities agreed to by the department and also referred to in the *Faculty Handbook*. Even though these routine performance responsibilities may not be listed on this document they are in effect.

1. Objectives for Instructional and Advisement Activities:

Number of assigned Advisees: _____

Department Head Comments:

NAME _____ YEAR BEING EVALUATED _____

2. Objectives for Research, Scholarly, and Creative Activities:

Department Head Comments:

3. Objectives for Professional Service Activities:

Department Head Comments:

NAME _____ YEAR BEING EVALUATED _____

Overall Department Head Comments:

Overall EDO rating range should routine responsibilities and objectives be met:

Meets Expectations for Rank

Needs Improvement for Rank

Unsatisfactory for Rank

Signature of Faculty Member Date

Signature of Department Head Date

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INDIVIDUAL PERFORMANCE REPORT FORM

The University of Tennessee at Chattanooga

Fill in the sections of this form identifying all activities undertaken during the year being evaluated to accomplish the routine performance responsibilities agreed to by the Department and also referred to in the *Faculty Handbook* and individualized objectives outlined in your Individual Objective Sheets. You may attach additional sheets if necessary. This form and supporting documentation should be submitted to the department head.

1. Instructional and Advisement Activities:

NAME _____ YEAR BEING EVALUATED _____

2. Research, Scholarly, and Creative Activities:

NAME _____ YEAR BEING EVALUATED _____

3. Professional Service Activities:

NAME _____ YEAR BEING EVALUATED _____

Personnel Number _____ UTC ID _____

Department _____ Years of Service at UTC/UC _____

Academic Rank: _____

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INDIVIDUAL EVALUATION FORM

The University of Tennessee at Chattanooga

Attach Additional Sheets if Necessary

Department Heads should fill out each section of this form using the routine responsibilities identified by the department and referred to in the *Faculty Handbook* and the individual objectives and accomplishments identified on the Individual Objective Sheet and Report Forms.

1. Instructional and Advisement Activities:

NAME _____ YEAR BEING EVALUATED _____

2. Research, Scholarly, and Creative Activities:

3. Professional Service Activities:

NAME _____ YEAR BEING EVALUATED _____

4. Overall EDO Performance Rating Recommendation:

The recommended Overall Performance Rating indicates how well faculty have undertaken their routine responsibilities and met pre-determined objectives. Individuals must discuss their objectives with their department or division head in order for the head to evaluate these objectives and to insure that they are compatible with those of the institution, college or school, and department. Any EDO appeal must be consistent with the procedures of the current edition of the *Faculty Handbook*.

If appropriate, the department head should counsel with the faculty member on his/her potential for tenure, promotion, and professional growth as demonstrated during the past year. The individual being evaluated should be aware that other sources of evaluation information (e.g., rank and tenure committee views) are used in making recommendations for tenure and promotion. The department head's assessment is based only on the judgment of a single year's performance, not on the cumulative assessment given for tenure and promotion recommendations.

OVERALL COMMENTS:

EDO Rating _____

(Not to exceed a Performance Rating of Meets Expectations for Rank; for a recommended Performance Rating of Exceeds Expectations for Rank, the Department Head will attach the Exceeds Expectations for Rank Consideration Form.)

My signature acknowledges that I have read and discussed this document with my department or division head. My signature is not an indication that I agree with the department head's ranking.

A faculty member who disagrees with the recommended ranking may submit a written response to the department head within five working days. This response will be forwarded to the dean along with the EDO documentation, and will become a part of the faculty's official EDO record. See Chapter 3, Section 2 of the Faculty Handbook for more information.

Signature of Faculty Member: _____

I have read and discussed this document with the faculty member.

Signature of Department Head: _____

Reviewed by: _____
(College/School/Area Dean)