Name of Reviewed: 
Reviewed by: 
Grant/Project(s):  
Date:

Summary by Reviewer:
**Briefly list your contributions for the past year. Rating to be given by Reviewer.**


<table>
<thead>
<tr>
<th>Contributions</th>
<th>Education</th>
<th>Research</th>
<th>Service</th>
<th>Rating</th>
</tr>
</thead>
</table>
| Contributions toward accomplishing grant goals and objectives. | | | | 1. Contributions are not completed.  
2. Contributions are completed after a delay or with additional direction.  
3. Contributions are completed as directed and on time.  
4. Contributions are well done as directed and on time.  
5. Contributions are substantial, self directed and timely. |
| Professional activities and functions. | | | | 1. Activities are not accomplished.  
2. Activities are occasional and outside of professional area.  
3. At least two Activities are accomplished.  
4. More than two Activities are accomplished within professional realm.  
5. Activities are substantial in number and publishing done in peer reviewed journals. |
| Contributions to the university, profession, and community. | | | | 1. Contributions are not completed.  
2. At least two Contributions are accomplished.  
3. At least two Contributions are accomplished with leadership.  
4. More than two Contributions are accomplished with leadership.  
5. Contributions are substantial in number and accomplished with leadership. |
Describe your future plan, including objective(s), when and how improvement will be measured, and the support needed.

Identify the administrator’s responsibilities in providing support for and measurement of the success of this plan:

This evaluation and performance plan is agreed upon by:

<table>
<thead>
<tr>
<th>Signature of Person Reviewed</th>
<th>Date</th>
<th>Reviewer Signature</th>
<th>Date</th>
</tr>
</thead>
</table>