

***UH Center on Disability Studies  
ANNUAL REVIEW AND PERFORMANCE PLAN  
Review Period: January 1 – December 31, 2013***

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Name of Reviewed:

Reviewed by:

Grant/Project(s):

Date:

Summary by Reviewer:

***UH Center on Disability Studies  
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**Briefly list your contributions for the past year. Rating to be given by Reviewer.**

**Rating Scale: 5. Exemplary 4. Accomplished 3. Average 2. Needs Assistance 1. Inadequate 0. Does Not Apply**

	ACCOMPLISHMENTS			
	Education	Research	Service	Rating
Contributions toward accomplishing grant goals and objectives.				<ol style="list-style-type: none"> <li>1. Contributions are not completed.</li> <li>2. Contributions are completed after a delay or with additional direction.</li> <li>3. Contributions are completed as directed and on time.</li> <li>4. Contributions are well done as directed and on time.</li> <li>5. Contributions are substantial, self directed and timely.</li> </ol>
Professional activities and functions.				<ol style="list-style-type: none"> <li>1. Activities are not accomplished.</li> <li>2. Activities are occasional and outside of professional area.</li> <li>3. At least two Activities are accomplished.</li> <li>4. More than two Activities are accomplished within professional realm.</li> <li>5. Activities are substantial in number and publishing done in peer reviewed journals.</li> </ol>
Contributions to the university, profession, and community.				<ol style="list-style-type: none"> <li>1. Contributions are not completed.</li> <li>2. At least two Contributions are accomplished.</li> <li>3. At least two Contributions are accomplished with leadership.</li> <li>4. More than two Contributions are accomplished with leadership.</li> <li>5. Contributions are substantial in number and accomplished with leadership.</li> </ol>

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Describe your future plan, including objective(s), when and how improvement will be measured, and the support needed.

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

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This evaluation and performance plan is agreed upon by:

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Signature of Person Reviewed	Date	Reviewer Signature	Date
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