

Appendix F
ANNUAL EVALUATION SUMMARY FORM

PERIOD OF REPORT (if other than annual) _____

FROM: January 2023 TO: December 2023

NAME _____

RANK AND POSITION _____

COLLEGE / UNIT _____

DEPARTMENT / UNIT _____

Evaluator's Name and Position _____

PERFORMANCE OF DUTIES

Indicate evaluation by placing an "x" in the appropriate column for each category below. In the "Overall Performance" section, rate the faculty member's overall performance in fulfilling his or her responsibilities to the University. Average AOR Percentage is based on the annual assignment of responsibilities (9-month assignment for 9-month faculty). The annual evaluation shall include evaluation of summer activities for 9-month faculty if there is a summer assignment.

| Category | Average AOR Percentage | Substantially Exceeds FSU's High Expectations | Exceeds FSU's High Expectations | Meets FSU's High Expectations | Official Concern | Does Not Meet FSU's High Expectations | Not Observed |
|--------------------------------------|------------------------|---|---------------------------------|-------------------------------|------------------|---------------------------------------|--------------|
| Teaching | | | | | | | |
| Research And Other Creative Activity | | | | | | | |
| Service | | | | | | | |
| Other | | | | | | | |
| Spoken English Competency* | | | | | | | |
| Overall Performance** | | | | | | | |

The evaluator's narrative explanation of overall performance must be attached. The evaluator should receive input from both students and faculty in preparing this report. If for any reason such input is unavailable, the report should indicate why and what alternative methods have been used.

Has this rating been discussed with this faculty member? Yes No (attach explanation)

Signature of Evaluator _____

Date: _____

Signature of Faculty Member _____

Date: _____

Number of pages attached to report: _____

Signature of Academic Dean/Director/FDA*** Date _____

***If evaluator and academic dean/director are the same person, please send to FDA for signature (fda-approvals@fsu.edu).

* If "Does Not Meet FSU's High Expectations" is noted in Spoken English Competency, options for remediation should be communicated in writing as an addendum to this form. A copy of the form with the addendum should be forwarded through the dean to the Vice President for Faculty Development and Advancement.

** If "Overall Performance" is rated as "Does Not Meet FSU's High Expectations," this report must be forwarded with the appropriate recommendations for improvement (including a Performance Improvement Plan, if applicable) to the Provost and the President through the Vice President for Faculty Development and Advancement.

Signature of the Provost _____

Date _____

Signature of the President _____

Date _____