**ANNUAL PERFORMANCE REVIEW**

**Library Faculty**

Librarian: Rank:

Librarian Status: Non-Tenure [ ]  Tenure-Track [ ]  Tenured [ ]

Director:

Effective From: To: ­

 **LIBRARY DUTIES**

**Primary area of responsibility:**

**Comments:**

**COLLECTION DEVELOPMENT**

**Comments:**

**BIBLIOGRAPHIC INSTRUCTION**

**Comments:**

**SERVICE**

**Division:**

 **College:**

**Community and/or Profession:**

**COLLEGIALITY**

A fundamental responsibility of a faculty member is to maintain constructive and civil interactions with other members of the campus community. Has this faculty member met this standard of professional conduct? If the answer is no, please attach an explanation.

Yes [ ]  No [ ]

**REVIEW OF CURRICULUM VITAE**

Current Year: Initials: Date:

 **REASSIGNED DUTIES**

***If any portion of workload was reassigned as other duties, attach performance review of duties and responsibilities.***

**OVERALL EVALUATION**

**Comments are expected for all levels of the overall evaluation within the narrative or as an attachment. CHECK ONE:**

|  |
| --- |
|[ ]  Superior Performance: |
|[ ]  High-Quality Performance: |
|[ ]  Achieves Performance Standards: |
|[ ]  Does Not Achieve Performance Standards: |

**RATINGS GUIDANCE:**

**Superior Performance:**

This rating is reserved for individuals who demonstrated **superior performance** within the current evaluation period that was **above and beyond** the standard expectationsof a position.

**High-Quality Performance:**

This rating is reserved for individuals who demonstrated **high quality performance** within the current evaluation period that **exceeded** the standard expectations of a position.

**Achieves Performance Standards:**

This rating is reserved for individuals who generally **met** the standard expectations of a position. Areas for improvement are noted by the chair.

**Does Not Achieve Performance Standards:**

This rating is reserved for individuals who **failed** to meet the standard expectations of a position. Supervisors will communicate specific areas where improvement is needed.

**CONTRACT RENEWAL RECOMMENDATION**

**Complete for non-tenured faculty only**

**Division Chair Recommendation Yes** [ ]  **No** [ ]

**Dean Recommendation Yes** [ ]  **No** [ ]

**Review Acknowledged by *(Acknowledgement does not necessarily imply agreement)***

|  |  |  |  |
| --- | --- | --- | --- |
| Division Chair: |  | Date: |  |
| Faculty Member: |  | Date: |  |
| Division Chair: |  | Date: |  |
| Dean: |  | Date: |  |

**FACULTY MEMBER RESPONSE** (Optional)

**DIVISION CHAIR RESPONSE** (Optional)