

UNIVERSITY OF ARIZONA COOPERATIVE EXTENSION

County Faculty Review Check Sheet & Evaluation

UHAP 4A.2 ANNUAL PERFORMANCE REVIEWS

(<http://policy.arizona.edu/employmenthuman-resources/annual-performance-reviews-continuing-status-and-continuing-eligible>)

Professional personnel are evaluated with respect to all personnel matters on the basis of excellence in performance. The annual performance review is intended to support professional personnel in achieving excellence in the performance of their duties and responsibilities. Annual performance reviews are intended:

- a. To involve professional personnel in the formulation of objectives and goals related to their program areas and their own personal and professional growth;
- b. To assess actual performance and accomplishments in the areas of their responsibilities;
- c. To promote the effectiveness of professional personnel through an articulation of the types of contributions they might make to the University community that will lead to greater personal and professional growth, recognition and rewards;
- d. To provide a written record of professional personnel performance to support personnel decisions;
- e. To recognize special talents, capabilities, and achievements of professional personnel; and
- f. To identify weaknesses that should be addressed during the next evaluation period.

Faculty member: _____ Evaluation Period: _____

Current Rank: _____ Years in Current Rank: _____

FTE: _____ Home County: _____

Are you: Continuing Status Year Continuing Status Attained or will be Submitted: _____

1. Nature of assignment (check all that apply):

- Single County
- Area Agent: Geographical - List counties _____
- Area Agent: Programmatic – List area _____
- Regional Specialist: List Department _____
- County Extension Director

2. List assigned program area(s):

3. Job description reviewed? Yes No If no, why was it not reviewed?

4. Job description includes nature of assignment and assigned program areas? Yes No

5. Job description current? Yes No Last revised: _____

6. Changes to be made to job description, if any:

7. The following documents were reviewed & discussed:

Annual Performance Report (APR) Current Vitae (continuing eligible) Plan of Work

Professional Development Plan Other _____

8. Checked on progress with mentor committee (if applicable)? Yes No N/A

9. Discussed progress towards continuing status and/or promotion (if applicable)? Yes No N/A

10. Conferred with appropriate Associate Director, Programs to obtain input on evaluation? Yes No N/A

11. Conferred with appropriate Department Head (if applicable) to obtain input on evaluation? Yes No N/A

12. Conferred with appropriate County Directors (if applicable) to obtain input on evaluation? Yes No N/A

13. Reviewed input from peer reviewers to complete evaluation? Yes No

14. Provided copy of peer review to faculty member? Yes No

15. Other:

Signature of Faculty Member

Date

Signature of Administrator

Date

**The University of Arizona, College of Agriculture and Life Sciences
Cooperative Extension County Faculty**

Appointed Personnel Evaluation Form for Calendar Years 2021-2023
Form for individual self, peer and unit head evaluation

Name: _____ Cooperative Extension, _____ County

Categories are matched with the Annual Performance Report. One of four scores shall be entered: Truly Exceptional, Meets/ Exceeds Expectations, Needs Improvement, Unsatisfactory. The evaluation must be discussed with the appointed person by May 1, 2024. This evaluation is primarily based on the 2023 Annual Performance Report (APR), APRs from 2022 and 2021, the position description, discussion on major commitments and plans, and collegiality to determine the overall rating.

CY 2023

CED/Unit Head

1. EXTENSION	
PROGRAM Program Identification & Development	
Program Implementation (Inputs & Outputs)	
Measures & Accomplishments (Outcomes & Impacts)	
Cooperative & Collaborative Team Efforts	
2 CREATIVE/SCHOLARY WORKS;GRANTS/GIFTS/CONTRACTS .	
3. SERVICE	
4. PROFESSIONAL DEVELOPMENT	
5. OVERALL EVALUATION	

Unit Heads should discuss/comment on the items below before completing the appointed personnel's overall evaluation.

A. MAJOR COMMITMENTS/ACTIVITIES PLANNED (comments)

B. COLLEGIALITY cals.arizona.edu/extension/profdev/CALSCollegialityDefinition.pdf (comments)

OVERALL RATING

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SUMMARY OF COMMENTS FROM ASSOCIATE DIRECTOR PROGRAMS, DEPARTMENT HEAD, AGENT PEER REVIEWS, AND/OR CEDs AS APPLICABLE.

ADMINISTRATOR COMMENTS:

Signed: _____ (Administrator) Date: _____

APPOINTED PERSONNEL COMMENTS:

Signed: _____ (Appointed Person) Date: _____