

**College of Science**

4400 University Drive, MSN: 5C3

Fairfax, Virginia 22030

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**2020 Performance Evaluation**

**Research Faculty and Research Staff**

|  |  |
| --- | --- |
| **Faculty Name**: | **Faculty G Number:** |
|  |  |
| **Title/Rank:** | **Position Number:** |
|  |  |
| **Department/Center:** | **Performance Evaluation Cycle:** |
|  | July 1, 2019 – June 30, 2020 |
| **Supervisor’s Name:** | **Supervisor’s G Number:** |
|  |  |

1. **Overall summary of the past cycle’s performance:**
2. **Brief description of work strengths and weaknesses:**
3. **Performance goals, including training and professional development, for the next cycle:**

**SUMMARY COMMENTS ON PERFORMANCE:**

**Performance Level:** (select one)

|  |  |
| --- | --- |
|  | **Exceptional** |
|  | **High Performing** |
|  | **Proficient** |
|  | **Developing/Fair** |
|  | **Unsatisfactory** |

**Faculty Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member’s Comments:** (optional)