

# University of Belize (UB)

## ACADEMIC LEADER EVALUATION: ANNUAL REVIEW

The University of Belize (UB) requires a periodic written performance evaluation of each member of the faculty. The Academic Leader Performance Evaluation consists of the following components:

### STEP ONE: ANNUAL PERFORMANCE OBJECTIVES

Used for defining individual goals and objectives for the Academic Year (August 1 – July, 31).

**Due by August 1.** All ACADEMIC LEADERS must complete the Annual Performance Objectives.

### STEP TWO: ANNUAL REVIEW

This form describes the accomplishments and areas for improvement for the Academic Year (August 1– July 31).

**Due by June 15.** All ACADEMIC LEADERS are evaluated by the relevant supervisor. All must complete the Annual Review process to receive increment.

This satisfies the University of Belize Faculty Handbook requirement that each member of the university faculty have a written annual performance review.

Objectives for academic leaders are the direct link between the University objectives and the Faculty specific objectives. It is how leaders assist the students, the faculty members and the University to achieve our objectives.

## INSTRUCTIONS: ANNUAL END OF YEAR REVIEW

### STEP 1: ACADEMIC LEADER COMPLETES FORM

The leader should summarize his/her accomplishments for the current year on this form and submit the form to the Dean's Office. The listed categories should serve as a guide for documenting accomplishments.

### STEP 2: SUPERVISOR PROVIDES RATINGS AND COMMENTS

The Supervisor should review the form and circle the appropriate rating for each major category. Written comments are **required** with category ratings of M (Marginal) and U (Unsatisfactory). The supervisor should rate the leader based on his/her knowledge of the leader's performance, using the information on this form as an aid to judgment. The form should be reviewed with the leader.

### STEP 3: LEADER REVIEWS RATINGS AND COMMENTS

The leader should review the evaluation and indicate on the form whether he/she agrees or disagrees with the assessment. The completed form should be signed by all parties.

**Please note: the ANNUAL REVIEW must be completed by July 15. THEREFORE THIS FORM IS DUE COMPLETED BY JUNE 15<sup>TH</sup>.**

Description of the rating system for the major categories in this evaluation:

O	Outstanding	Outstanding, consistently exceeds expectations.
C	Commendable	Exceeds position expectations.
S	Satisfactory	Meets position expectations.
M	Marginal	Meets some but not all position expectations.
U	Unsatisfactory	Fails to meet minimum position expectations.
N/A	Not applicable	

Objectives for \_\_\_\_\_  
Academic Year \_\_\_\_\_

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Annual review for the year: Aug 1 – July 31 Year \_\_\_\_\_

Name/Degree: \_\_\_\_\_

Academic Rank/Department: \_\_\_\_\_

Record approximate percent time devoted primarily to:

Teaching activities	_____ %
Service activities	_____ %
Administrative activities	_____ %
 Total	 100 %

**I. TEACHING AND RELATED ACTIVITIES**

Describe your plan for teaching and related activities for the current academic year. Use additional sheets as necessary.

#	Course Title/Activity	What did you achieve in this course/activity	How was it measured

**II. SERVICE AND RELATED ACTIVITIES**

For each applicable category describe your participation in these activities. Insert information using additional sheets of paper as needed.

For committee service, indicate your role (member, vice chair, chair), participation in special projects, etc. and the outputs. Examples of service are UB committee service, professional society activities and national/international service activities, peer review activities, other (e.g., industry consulting, advising, and board membership), Department-specific service

#	Organization to whom service is provided	Name of Committee/Service	Your Role	Time Frame/ Duration/ Amount of time you spent on this activity per month	Output—Specifics of what you produced.



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#	Title of Activity	Output—Specifics of what you produce. Include it's university wide implications		
	<b>EVALUATION AND CONTINUOUS IMPROVEMENT</b>			
	<b>COMMUNICATION</b>			
	<b>PLANNING</b>			
	<b>SHARED EXPERIENCES</b>			
	<b>BUDGET</b>			

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**IV. PROFESSIONAL DEVELOPMENT OBJECTIVES**

Management Objectives	WHAT DID YOU ACHIEVE AND HOW DID YOU APPLY IT? What was the impact of the application?
Advising/Mentoring Objectives	
Supervision/Evaluation Objectives	
Teaching/learning objectives	
Other Professional/Personal Development Objectives	

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**V. EVALUATOR’S SUMMARY AND COMMENTS**

I TEACHING AND RELATED ACTIVITIES	O	C	S	M	U	N/A
II SERVICE AND RELATED ACTIVITIES	O	C	S	M	U	N/A
III APPLICATION OF PROF. DEV. OBJECTIVES	O	C	S	M	U	N/A
IV ADVISING AND STUDENT MENTORING	O	C	S	M	U	N/A
V FOLLOWING POLICY	O	C	S	M	U	N/A
VI MANAGEMENT	O	C	S	M	U	N/A*
VII SYLLABUS AND PROGRAM REVIEW	O	C	S	M	U	N/A
VIII EVALUATION AND CONTINUOUS IMPROVE	O	C	S	M	U	N/A
IX COMMUNICATION	O	C	S	M	U	N/A
IV PLANNING	O	C	S	M	U	N/A
V SHARED EXPERIENCES	O	C	S	M	U	N/A
VI BUDGET MANAGEMENT	O	C	S	M	U	N/A*

A. Summary and comments

Comments are the result of a full review of objectives, observations, outputs and any other information about performance. Written comments for all categories are encouraged. Written comments are **REQUIRED** for category ratings of M (Marginal) and U (Unsatisfactory).

Teaching and Learning Objectives	Summary and Comments of accomplishment of these objectives
Service Objectives	
Advising/Mentoring Objectives	
Following Policy	

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<b>Application of Professional/ Personal Development Objectives</b>	
<b>Participation in University Sponsored Activities</b>	
<b>MANAGEMENT</b>	
<b>SYLLABUS AND PROGRAM REVIEW</b>	
<b>EVALUATION AND CONTINUOUS IMPROVEMENT</b>	
<b>COMMUNICATION</b>	

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<b>PLANNING</b>	
<b>SHARED EXPERIENCES</b>	
<b>BUDGET</b>	

B. Please describe special exemplary contributions made by this leader that are not represented adequately elsewhere on this form.


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C. Please describe the plan to address areas for improvement.

Improvement needed	Identified remedies	Time frame	Method of Evaluation

\_\_\_\_\_  
 SUPERVISOR

\_\_\_\_\_  
 Date

**LEADER ACKNOWLEDGEMENT** – Please initial applicable option:

\_\_\_\_\_ I agree with this evaluation.

\_\_\_\_\_ I disagree with this evaluation.

\_\_\_\_\_  
 ACADEMIC LEADER Signature

\_\_\_\_\_  
 Date

Comments: