**FORM 18**

**Evaluation of Professional Staff in the Unit**

As part of the annual review and evaluation process for professional staff members in the unit eligible for multi-year contracts, we are evaluating the performance of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Professional Staff Member) (Title)

It is my understanding that within the past year you have had the opportunity to work in a functional relationship with the professional staff member named above. If you are willing, we would appreciate your input in this evaluation process. All evaluative information will be shared with the professional staff member under review. I would appreciate knowing as soon as possible if you cannot participate in the evaluation process.

(Please return this form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ). The following statement reflects my observations and appraisal of the above-named professional staff member's: (1) professional performance and development, (2) contributions to the University and the wider and professional community and, (3) potential for continued professional growth.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature