Appendix F
ANNUAL EVALUATION SUMMARY FORM

PERIOD OF REPORT FROM: January 2026 TO: December 2026

Name: _____ Rank: _____

College/Unit: _____ Department/School: _____

Evaluator's Name and Position: _____

PERFORMANCE OF DUTIES

Indicate evaluation by placing an "x" in the appropriate column for each category below. In the "Overall Performance" section, rate the faculty member's overall performance in fulfilling his or her responsibilities to the University. Average AOR Percentage is based on the annual assignment of responsibilities (9-month assignment for 9-month faculty). The annual evaluation shall include evaluation of summer activities for 9-month faculty if there is a summer assignment.

Category	Average AOR Percentage	Exceeds Expectations	Meets Expectations	Official Concern	Does Not Meet Expectations	Not Observed
Teaching						
Research And Other Creative Activity						
Service						
Spoken English Competency*						
Overall Performance**	0					

The evaluator's narrative explanation of overall performance must be attached. For faculty who have not attained the highest rank, a statement about the faculty member's progress toward promotion and/or tenure should also be included. The evaluator should receive input from both students and faculty in preparing this report. If for any reason such input is unavailable, the report should indicate why and what alternative methods have been used.

Has this rating been discussed with this faculty member? ☐ Yes ☐ No (attach explanation)

_____ _____

Signature of Evaluator Date Signature of Faculty Member Date:

Number of pages attached to report: _____

_____

Signature of Academic Dean/Director/FDA*** Date

***If evaluator and academic dean/director are the same person, please send to FDA for signature (fda-approvals@fsu.edu).

*If "Does Not Meet Expectations" is noted in Spoken English Competency, options for remediation should be communicated in writing as an addendum to this form. A copy of the form with the addendum should be forwarded through the dean to the Vice President for Faculty Development and Advancement.

_____ _____

Signature of the Provost** Date Signature of the President** Date

**Signatures are only needed when there is a Performance Improvement Plan.

All annual evaluation forms, annual evaluation narratives, progress towards promotion and/or tenure letters (if applicable) and 3rd year reviews (if applicable) with all signatures must be uploaded to the Faculty Processes Hub by Dean's or Institute's/Center's office staff as 1 combined PDF for each faculty member by Friday, June 11, 2027. Email questions to Melissa Crawford.