**UNIVERSITY OF EDUCATION, WINNEBA**

***(Office of the Registrar)***

**ACADEMIC STAFF ONLY**

**ANNUAL PERFORMANCE EVALUATION**

CONFIDENTIAL **PERIOD OF REPORT………..Academic Year**

**File No. T & D:**

**PART A**

(To be completed by Member of Staff)

**NOTE:** (A) Information should be typewritten and clear

(B) Two (2) copies of the form are to be completed

1. Name: (Surname First)…………………………………………………………….

2. Faculty: ……….……………………………………………………………………

3.Department:…………………………………………………………………………

4. APPOINTMENT/PROMOTION

|  |  |  |  |
| --- | --- | --- | --- |
| **Promotion**  | **Date** | **Position**  | **Salary**  |
| First Appointment  |  |  |  |
| 1st Promotion |  |  |  |
| 2nd Promotion  |  |  |  |
| 3rd Promotion |  |  |  |
| Current Position  |  |  |  |

5. QUALIFICATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Degrees and Diplomas** | **Date** | **School/University** | **Specialization** |
|  |  |  |  |
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**6. a. ACHIEVEMENT SINCE LAST PROMOTION**

Please attach additional publications, Conference paper, reports on Ongoing Research (etc).

**6. b. LIST OF PUBLICATIONS**

(Please complete a separate form Appendix 1 (attached) and photocopies of all publication)

**7. COURSES TAUGHT DURING THE PERIOD OF REPORT**

i.e. Last two semesters. Give course numbers and unit per semester. Where there were more than one instructor for a course, indicate your own contribution and teaching load.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Course Number**  | **Units** | **Contact Hours**  | **If shared, state your contact hours/contribution** | **Semester**  |
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| Total Contact Hours  |  |  |  |  |

8. PROFESSIONAL PRACTICE (You may wish to attach a report)

9. ACADEMIC/ADMINISTRATIVE RESPONSIBILITY/LEADERSHIP WITHIN AND OUTSIDE THE UNIVERSITY (e.g. Pro-Vice Chancellor, Deanship, Directorship, Member of Boards and Committees)

|  |  |
| --- | --- |
| **POSITION** | **PERIOD** |
|  |  |
|  |  |
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10. ANY OTHER INFORMATION THAT MAY ASSIST THE COMMITTEE IN DETERMINING YOUR PERFORMANCE DURING THE YEAR.

……………………………… ……………………………………..

Date Signature

**PART B**

(This section is to be completed by the Head of Department. The Dean is expected to complete this part in respect of Heads of Department)

**11. ASSESSMENT AND COMMENTS BY THE HEAD OF DEPARTMENT**

1. Certification of the information contained in Part A

I certify that the information contained in part A is correct to the best of my knowledge…………………………………………………………………………

 (B) Eligibility Score

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Scoring**  | **Assoc. Prof.** | **Snr. Lecturer**  | **Lecturer**  | **Assist lecturer**  |
| Qualification  |  |  |  |  |
| Teaching Experience  |  |  |  |  |
| Time in Rank |  |  |  |  |
| Teaching Load  |  |  |  |  |
| Professional Practice/Activities |  |  |  |  |
| Research Publication |  |  |  |  |
| Academic/Admin. Leadership |  |  |  |  |
| Community/Public Service |  |  |  |  |
| Total Score  |  |  |  |  |

NOTE \*For Qualifications- only the highest achievement will be considered in scoring. Seven (7) points for master and Ten (10) points for Ph.D.

 \*\* At the University Level

(C) Assessment of publications.

Please complete a separate form designed for this (attached)

(D)General Comments by the Head of Department

(E) Recommendation

NAME (Print)

**……………………………… …………………………………..**

Date Signature of Head of Department

**NOTE:** \*Head of Department are enjoined to make their recommendations in accordance with criteria for Appointments and Promotions of academic staff and the University statues.

**\***Appraiser and appraise must meet to discuss assessment. Any differences must involve a third party.

**PART C**

 (To be completed by the Dean)

**12. COMMENT BY THE DEAN**

(a)I endorse the comments and recommendations of the Head of Department:

 (b) I do agree with the comments and recommendations of the Head of Department

 for the following reasons

 **NAME (Print)**

**…………………………………….… ………………………………..**

 **Date Signature of the Dean**

**PART D**

**13. COMMENTS BY THE VICE-CHANCELLOR**

The Vice-Chancellor is expected to complete Parts B & C above in respect of Appraisal Forms from the Principals, Deans, Directors (I.E.D.E, Quality Assurance) and Professors.

**…………………………………. ………………………………**

 Date Signature of the Vice-Chancellor

 **UNIVERSITY OF EDUCATION, WINNEBA**

 **(Office of the registrar)**

**Assessment of Publications for the ……………………….. Academic Year**

Name of Staff: Staff No. Department: Present Rank:

|  |  |  |
| --- | --- | --- |
| s/n | Author(s), year of publication, title of paper, name of journal, volume and pages | SCORE |
| 1 |  | Staff/Lecturer  | HOD | Dean | Pro-Vc | Vice chancellor |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
|  | TOTAL |  |  |  |  |  |