

**PROFESSIONAL / MANAGERIAL EVALUATION REPORT**  
**SUNY CANTON**

**EVALUATION PERIOD** FROM \_\_\_\_\_ TO \_\_\_\_\_

**NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**SUNY TITLE** \_\_\_\_\_

**FUNCTIONAL TITLE** \_\_\_\_\_

*SUNY Procedure for Professional Evaluation as defined by Article XII, Title B, of the Policies of the Board of Trustees provides for a formalized written performance evaluation annually and as warranted by changing conditions. It further sets forth the following criteria, which must be among those considered for promotion or evaluation.*

A. **EVALUATION CRITERIA** (Describe employee's performance as related to achievement of stated objectives. Also rank performance O, S, or I in box at left of each criterion according to scale at bottom of page):

- 1. Effectiveness in Performance – as demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationship with colleagues.
  - Success in accomplishing duties and responsibilities.
  - Quality of professional performance.
  - Quality of professional relationship with colleagues.
  - Quality of professional relationship with others.
- 2. Professional Ability – as demonstrated, for example, by invention or innovation in professional, scientific, administrative or technical areas; i.e. – development or refinement or programs, methods of apparatus.
- 3. Effectiveness in University Service – as demonstrated, for example, by such things as successful committee work, participation in local campus and University governance, and involvement in campus or University-related student or community activities.
- 4. Continuing Growth – as demonstrated, for example, by continuing education, participation in professional organizations, enrollment in training programs.
- 5. Mastery of Specialization – as demonstrated, for example, by degrees, licenses, honors, awards, and reputation in professional field.
- 6. Other.

Achievement Rating Scale:      O = Outstanding      S = Satisfactory      I = In Need of Improvement

B. SUPERVISOR'S COMMENTS (Any areas in need of improvement should be noted):  
*If comments exceed 5 lines, please type "See Attached" and attach a separate document.*

C. SUMMARY PERFORMANCE APPRAISAL (Check One):     Satisfactory     Unsatisfactory

D. SUPERVISOR'S RECOMMENDATIONS RELATING TO ACTIONS AFFECTING EMPLOYMENT STATUS (e.g. – promotion, transfer, reassignment, merit increase, etc.):

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Evaluator

E. COMMENTS BY EVALUATOR'S SUPERVISOR (Complete this section before employee's consultation meeting and comment) *If comments exceed 5 lines, please type "See Attached" and attach a separate document.*

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Evaluator's Supervisor

F. EMPLOYEE'S COMMENTS:

Copy Received Date \_\_\_\_\_ Signed \_\_\_\_\_  
Employee

**IMPORTANT: HUMAN RESOURCES IS REQUIRED TO MAINTAIN A COPY OF YOUR MOST CURRENT RESUME.**

Resume Attached     No Updates; Current One On File With HR

Distribution:                      Original – Personnel File                      Copy – Employee                      Copy – Evaluator