THE UNIVERSITY OF THE WEST INDIES

ACADEMIC STAFF APPRAISAL

(This page to be completed by the Appraisee)

Full Name:

Position:
Department / Faculty:

Head of Department / School / Institute:

Dean:

Please refer to the Academic Staff Appraisal Guidelines and Definition of the Performance Categories with Quality Indicators which accompany this Form before starting to complete it.

Also, please attach the objectives that had been agreed for this review period and a current and dated curriculum vitae, structured in accordance with guidelines provided by the Registry.
SECTION A  
Self-Appraisal  
(To be completed by appraisee before interview)

Provide a review of your activities during the past year, and comment on the extent to which targets set were met, or not met. Where boxes are provided, please use a check mark (✓) to indicate whether you have surpassed, met, or not met the agreed objectives.

### A1 Research

<table>
<thead>
<tr>
<th>Surpassed □</th>
<th>Met □</th>
<th>Not met □</th>
</tr>
</thead>
</table>

Comments: _________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

### A2 Publication

<table>
<thead>
<tr>
<th>Surpassed □</th>
<th>Met □</th>
<th>Not met □</th>
</tr>
</thead>
</table>

Comments: _________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
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### A3 Teaching

<table>
<thead>
<tr>
<th>Surpassed □</th>
<th>Met □</th>
<th>Not met □</th>
</tr>
</thead>
</table>

Comments: _________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
A4 Contribution to University Life

Surpassed ☐ Met ☐ Not met ☐

Comments: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

If you had (a) administrative duties (b) coordinating responsibilities, are you satisfied with the way you discharged them? What were the successes? challenges?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

A5 Public Service

Surpassed ☐ Met ☐ Not met ☐

How would you evaluate the public service activity you undertook during the period under review?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

A6 Scholarly and Professional Activity

Surpassed ☐ Met ☐ Not met ☐

Comments: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
SECTION B
(To be completed by Appraiser)

Were the Appraisee’s agreed objectives surpassed, met, or not met?

B1 Research:

<table>
<thead>
<tr>
<th>Surpassed</th>
<th>Met</th>
<th>Not met</th>
</tr>
</thead>
</table>

Comments: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

B2 Publication:

<table>
<thead>
<tr>
<th>Surpassed</th>
<th>Met</th>
<th>Not met</th>
</tr>
</thead>
</table>

Comments: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

B3 Teaching:

<table>
<thead>
<tr>
<th>Surpassed</th>
<th>Met</th>
<th>Not met</th>
</tr>
</thead>
</table>

Comments: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Revised April 19, 2010
Revised May 3, 2010
Revised July 19 2010
Revised September 2010
### Contribution to University Life:

- **Surpassed** □
- **Met** □
- **Not met** □

**Comments:**
____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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### Public Service:

- **Surpassed** □
- **Met** □
- **Not met** □

**Comments:**
____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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### Scholarly and Professional Activity:

- **Surpassed** □
- **Met** □
- **Not met** □

**Comments:**
____________________________________________________________________

____________________________________________________________________

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### General Comments

____________________________________________________________________

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**Signature of Appraiser**...........................................  **Date:** ...........................................

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Revised April 19, 2010
Revised May 3, 2010
Revised July 19 2010
Revised September 2010
I (have discussed) / (have not discussed) the preceding summary of my performance with my Head of Department / Appraiser.

I (wish) (do not wish) to prepare a response for the purpose of rebuttal and for attachment to this form.

B8 Comments by Member of Staff (Appraisee)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Appraisee .................................................. Date: ..........................

B9 Dean’s Comment:

Endorsed ☐  To be discussed ☐

Signature of Dean .......................................................... Date ..........................
SECTION C

OBJECTIVES FOR COMING YEAR
(To be completed by Appraisee with Appraiser, during appraisal interview)

Objectives are to be set for all performance categories in keeping with the stage of development of the staff member’s career and the needs of the Department, Faculty and University at any given time.

C1 Research:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

C2 Publication:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

C3 Teaching:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

C4 Contribution to University life:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

C5 Public Service:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Revised April 19, 2010
Revised May 3, 2010
Revised July 19 2010
Revised September 2010
C6 Scholarly and Professional Activity:

___________________________________________________________________________________

___________________________________________________________________________________

Signature of Appraisee……………………………………… Date: ………………………………..

Signature of Appraiser……………………………………… Date: ………………………………..

Revised April 19, 2010
Revised May 3, 2010
Revised July 19 2010
Revised September 2010
SECTIONS

Development Needs
(To be completed by Appraisee with Appraiser)

Staff may seek assistance from sources such as the Instructional Development Unit, study visits, workshops, seminars and short training programmes, in addressing development needs.

List 2 or 3 areas on which you intend to focus your attention during the next year, with a view to improving your performance.

Name: .............................................................  Department / Faculty: ..................................................

(The information on this page will be used for staff development purposes by the HR Division/Section)

On completion of all the stages indicated in the Academic Staff Appraisal Guidelines please sign below:

**Academic Member of Staff / Appraisee**

.............................................................  .............................................................
Signature  Signature

.............................................................  .............................................................
Date  Date

**Head of Department / Appraiser**

.............................................................  .............................................................

**Dean of Faculty**

.............................................................
Signature

.............................................................
Date