8/16

NEW JERSEY CITY UNIVERSITY
EVALUATION FOR MULTIYEAR REAPPOINTMENT

Candidate Name:____ Date:_______________________

Title:_

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PART I A-2

INDIVIDUAL SELF-ASSESSMENT STATEMENT

Candidate Name:____ Date:______________________

Date of Original Appointment to NJCU:__________________

Date of Appointment to Present Position:_______________

Title:____

Department:____ Division:____

Previous Position(s) at NJCU: ____

Attach this cover page to your self-assessment statement. The self-evaluation is to include:

a) a review of past performance and achievements;
b) a complete description of current professional responsibilities;
c) an analysis of professional contributions and potential for continued development;
d) a statement of professional goals and objectives.

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PART III A-8

STAFF EVALUATION  DIRECTOR/DEAN

Candidate Name:____ Date:______________________

Appraiser:____

Appraiser’s Title:____

Scale:
 5 Exceptionally high level of performance in all respects
 4 Exceeds requirements of the job in some respects
 3 Meets the requirements of the job
 2 Performance is uneven
 1 Performance is unacceptable
 NA Not applicable/appropriate

In the blank space, write the number that describes your judgement of that factor. Rate the person
on each item that is appropriate.

______ 1. Ability to organize and plan work.
______ 2. Attends to detail effectively.
______ 3. Quality of work performance.
______ 4. Assumes responsibility and job obligations.
______ 5. Attitude toward the job.
______ 6. Seeks and originates ideas/ways to perform the job better.
______ 7. Keeps abreast of new developments in his/her field.
______ 8. Works effectively with staff colleagues.
______ 9. Ability and willingness to work with administrators.
______ 10. Ability and willingness to work with faculty.
______ 11. Ability and willingness to work with students.
______ 12. Communicates clearly in the performance of his/her work.
______ 13. Service to the University (willingness to serve on committees and to assist

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PART IV A-10

STAFF EVALUATION  ��������������ï����������������

I recommend / do not recommend Mr./Ms. ____
 (circle above) (Candidate’s Name)

for appointment to the position of ____.

Comment:

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 B-1

EVALUATION OF PROFESSIONAL STAFF BY EMPLOYEES
HAVING A FUNCTIONAL WORKING RELATIONSHIP WITH THE CANDIDATE.

As part of the review and evaluation process for professional staff members, we are evaluating the
performance of:

____ ____
(Name of Staff Member) (Title)

It is my understanding that within the past years you had the opportunity to work in a functional
working relationship with the staff/administrator named above. Please complete this evaluation.
All evaluative information will be shared with the professional staff member under review.

Please return this form to ____ by________________________________.

The following statement reflects my observation and appraisal of the above named
staff/administrator’s (1) ability; (2) performance; (3) contributions; (4) potential.

____ ____________________________
Signature Date