

The University of Tennessee and Tennessee State University  
 Performance Review Summary Form  
 Extension Agent, Extension Agent and County Director, Extension Area Specialist

Employee Name (Last, First, MI):	
UT IRIS Personnel Number:	TSU T#:
Division: Extension	Unit/Department:
Review Completed By:	Reviewer's Personnel Number:
Review Period: FROM:	TO:
<input type="checkbox"/> Annual <input type="checkbox"/> Enhanced Annual <input type="checkbox"/> Other	Position Name:

<b>Performance Factors</b>	<b>Criteria</b>	<b>Points (1-5)*</b>
<i>Program Development</i>	Individual Annual Plan	
<i>Program Management</i>	Implementing	
	Evaluation	
	Reporting	
	Resource Management	
<i>Program Accomplishments</i>	Base Programs	
	Equity, Access, and Opportunity	
	Outcomes/Impacts	
<i>Professionalism</i>	Customer Service	
	Policy Compliance	
	Professional Development	
	Technology and Innovation	
	Work Habits	
<i>Community and Organizational Leadership</i>	Interpersonal Skills	
	Leadership	
	Optimizing Human Capital	

*\*5=exemplary, 4=exceeds expectations, 3=meets expectations, 2=needs improvement, and 1=unsatisfactory*

Employee Name (Last, First, MI):	
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<b>Averages</b>	<b>Score</b>
Sum of <b>Program Development</b> Criteria Rating ___/1 = <i>Supervisor Comments*</i> :	
Sum of <b>Program Management</b> Criteria Ratings ___/4 = <i>Supervisor Comments*</i> :	
Sum of <b>Program Accomplishments</b> Criteria Ratings ___/3 = <i>Supervisor Comments*</i> :	
Sum of <b>Professionalism</b> Criteria Ratings ___/5 = <i>Supervisor Comments*</i> :	
Sum of <b>Community and Organizational Leadership</b> Criteria Ratings ___/3 = <i>Supervisor Comments*</i> :	
<b>Overall Score =</b>	

*\*Supporting comments are required.*

	<b>Overall Rating</b>	<b>Total Points</b>
<input type="checkbox"/>	Exemplary	= 23-25
<input type="checkbox"/>	Exceeds Expectations	= 19-22
<input type="checkbox"/>	Meets Expectations	= 15-18
<input type="checkbox"/>	Needs Improvement*	= 10-14
<input type="checkbox"/>	Unsatisfactory*	= 9 or less

*\*An overall rating of 14 or below requires a performance improvement plan.*

**Review of Goals for the Current Year**

Goal 1	<input type="checkbox"/> Accomplished <input type="checkbox"/> Progress <input type="checkbox"/> No Progress
Goal 2	<input type="checkbox"/> Accomplished <input type="checkbox"/> Progress <input type="checkbox"/> No Progress
Goal 3	<input type="checkbox"/> Accomplished <input type="checkbox"/> Progress <input type="checkbox"/> No Progress
Comments	

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**Establishment of Goals for the Coming Year**

*The goals and objectives should include both departmental goals and plans for personal and professional development. The time frame indicates when the goal should be accomplished. Evaluation indicates how accomplishment will be measured.*

	Description	Timeframe	Evaluation
Goal 1			
Goal 2			
Goal 3			
Comments			

**Supervisor Comments:**

**Employee Comments:** *(Required – Please respond about anything you need help with, how can your supervisor assist you in accomplishing your goals, and/or what resources you need.)*

This report represents my true and complete appraisal of this employee during the evaluation period.

County Director's Signature:	Date:
Regional Director's Signature:	Date:
Dean's/Associate Dean's Signature*:	Date:

*\*TSU Employee forms must be signed by TSU Associate Dean.*

*I understand that my signature does not mean that I necessarily agree or disagree with the performance appraisal. It has been discussed with me, and I have received a copy of the performance appraisal document.*

Employee's Signature:	Date:
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