

Administrative and Professional Faculty

ANNUAL OBJECTIVES & MID-YEAR FEEDBACK INSTRUMENT

The intent of Annual Objectives is to identify and establish priorities that represent an extension of performance expectations (VCCS Policy: 3.6.1.4.b.)

Name of Faculty Member:	Position #:	Title:	Date:
Faculty Designation (select all that apply): <input type="checkbox"/> First Year <input type="checkbox"/> Administrative <input type="checkbox"/> Professional		Faculty Rank:	
Status: <input type="checkbox"/> One-year appointment <input type="checkbox"/> Multi-year appointment		Evaluation Period: _____ to _____ <small>(Date objectives established) (Date of Review)</small>	

Instructions: This form documents both the establishment of the Annual Objectives, as well as the mid-year review feedback progress review. Be sure to list out specific objectives and identify appropriate complete dates, adding additional objectives as necessary. The Review section should be completed at a mid-point to allow for a discussion of progress updates towards completion or changes of stated objectives.

Annual Objectives	Target Completion Date
Objective #1 (VCCS Policy 3.6.1.4.b.):	
Objective #2 (VCCS Policy 3.6.1.4.b.):	
Objective #3 (VCCS Policy 3.6.1.4.b.):	
Objective #4 (VCCS Policy 3.6.1.4.b.):	
Objective #5 (VCCS Policy 3.6.1.4.b.):	

Signature indicates all parties have discussed the Annual Objectives			
Employee Signature	Date	Supervisor Signature	Date

Annual Objectives and Mid-Year Feedback Review						
	Not Started	Progressing as expected	NOT Progressing as expected	Stop	Requires Change	Met
Objective #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/EXPLANATIONS/FEEDBACK or REQUIRED ACTION (include on page 2).

NEW OR ADJUSTED OBJECTIVE(S), AS NEEDED:

☐ Supporting documentation attached

Signature indicates all parties have discussed the Annual Objectives and Mid-Year Feedback Review			
Employee Signature	Date	Supervisor Signature	Date

