

Committee/Council Evaluation Form

School of Pharmacy - University of Louisiana at Monroe

Committee/Council: _____

Committee/Council Chair: _____ **Evaluation Timeframe:** _____

Please list the name of each committee/council member in one of the boxes below and evaluate based on the criteria and scale shown. List clinical members on one page and BPS members on another. Use multiple pages if needed.

- 4 - Significantly higher than expected
- 3 - Met expectations
- 2 - Fell below expectations
- 1 - Significantly lower than expected
- 0 - No participation

Please write any additional comments in the space provided or attach any information you feel is pertinent to the evaluation. Any evaluation of "0", "1", or "4" must be accompanied by further explanatory material or comments.

Committee Member Name: _____

Meeting Attendance: 4 3 2 1 0

Quality of Work: 4 3 2 1 0

Level of Work: 4 3 2 1 0

Overall Evaluation: 4 3 2 1 0

Comments:

Committee Member Name: _____

Meeting Attendance: 4 3 2 1 0

Quality of Work: 4 3 2 1 0

Level of Work: 4 3 2 1 0

Overall Evaluation: 4 3 2 1 0

Comments:

Committee Member Name: _____

Meeting Attendance: 4 3 2 1 0

Quality of Work: 4 3 2 1 0

Level of Work: 4 3 2 1 0

Overall Evaluation: 4 3 2 1 0

Comments:

Committee Council Chair should fill out a section for each member and turn it in to the appropriate department head. Chair will be notified of the deadline date by the appointing department head each academic year. Use more than one page if needed.