

Professional Achievement Form

Evaluation Period _____

Name _____ Title _____

This form should be completed by Professionals to provide relevant information to be considered in an evaluation of performance. The original, signed form should be submitted to the Immediate Supervisor, and distributed with official evaluation documents. Copies should be attached to promotion applications as well.

A. Describe any activities (other than those enumerated below) that either improve your ability to deal with the duties of your position or that reflect such improvement:

B. Cite any professional, scientific, administrative or technically innovative methods, programs or inventions you have developed or refined:

C. List and briefly describe your participation in University programs (i.e., active committee work, local or SUNY governance, student activities, or community activities):

D. List any continuing education courses, training programs, or participation in professional organizations related to continuing professional growth:

Employee Signature _____ Date _____