SUPERVISOR’S REVIEW

FOR ANNUAL EVALUATION

For the Period October 1, 2016 – September 30, 2017

Covering: All Academic Titles

Due: March 21, 2018

**SUPERVISOR’S REVIEW**

**For:**

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Title: |  |

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| --- | --- |
| County/Unit/Pgm: |  |

**By:**

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Title: |  |

**Provide a narrative in which you:**

* *Indicate the areas in which you believe the advisor is meeting expectations for his/her level in each of the advancement criteria. Indicate areas of concern and suggestions for improvement.*
* *Indicate what needs to be accomplished for advancement.*
* *Indicate whether or not you approve of the advisor’s goals; if not, describe how they should be revised – be specific and offer measurable attributes to be tracked over the coming year.*

*Supervisor Assessment:*

*\_\_ Demonstrates exemplary efforts beyond normal expectations*

*\_\_ Meets levels of expected program excellence*

*\_\_ Is deficient in expected levels of program excellence*