

This is an annual evaluation form to be completed by PI (Mentor)

## UNC Postdoctoral Scholar Evaluation

## POSTDOCTORAL SCHOLAR

| Name                   |    | Today's<br>Date  |
|------------------------|----|------------------|
| Department/<br>Program |    | Mentor's<br>Name |
| Program                |    | Name             |
| Initial                | to |                  |

| RATINGS (CHECK APPROPRIATE BOX AND ADD COMMENTS IF NECESSARY) |          |          |                  |          |               |
|---|----------|----------|------------------|----------|---------------|
|   | 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent |
| Job Knowledge   |          |          |                  |          |               |
| Comments:   |          |          |                  |          |               |
| Work Quality  |          |          |                  |          |               |
| Comments:   |          |          |                  |          |               |
| Attendance/Punctuality  |          |          |                  |          |               |
| Comments:   |          |          |                  |          |               |
| Initiative  |          |          |                  |          |               |
| Comments:   |          |          |                  |          |               |
| Communication/Listening Skills                                |          |          |                  |          |               |
| Comments:   |          |          |                  |          |               |
| Dependability   |          |          |                  |          |               |
| Comments:   |          |          |                  |          |               |
| Overall Rating (average the rating numbers above)             |          |          |                  |          |               |

## This is an annual evaluation form to be completed by PI (Mentor)

| POSTDOCTORAL SCHOLAR   |                 |  |  |  |
|------------------------|-----------------|--|--|--|
| Name                   | Today's<br>Date |  |  |  |
| Department/<br>Program | Mentor's        |  |  |  |
| Program                | Name            |  |  |  |
| Initial to Appointment |                 |  |  |  |

## **EVALUATION**

ADDITIONAL COMMENTS

GOALS (as agreed upon by Mentor and Mentee)

 VERIFICATION OF REVIEW

 By signing this form, both parties confirm they have discussed this review in detail. Signing this form does not necessarily indicate that you agree with this evaluation.

 Mentee's Signature
 Date

 Mentor's Signature
 Date