

Toc H Institute of Science & Technology

FACULTY PERFORMANCE APPRAISAL FEEDBACK AND ACKNOWLEDGEMENT FORM FOR UNDER PERFORMERS

Department: _____

Academic Year: _____

Faculty Details

- Faculty Name: _____
- Department: _____
- Designation: _____

Appraisal Summary

- Date of Appraisal Review: _____
- Appraisal Score/Rating: _____
- Evaluating Officer (HOD): _____

Strengths Identified

1. _____
2. _____
3. _____

Areas for Improvement

1. _____
2. _____
3. _____

Developmental Recommendations

- ☐ Attend Faculty Development Programmes (FDPs)
- ☐ Enhance Research Publications
- ☐ Improve Teaching-Learning Practices
- ☐ Undertake Professional Certifications
- ☐ Increase Department/Institutional Contributions
- ☐ Other: _____

Faculty Comments / Clarifications

Agreed Action Plan for Next Academic Year

Acknowledgement

I acknowledge that the Faculty Performance Appraisal feedback has been discussed with me. I have understood the evaluation outcomes, strengths identified, areas for improvement, and the developmental recommendations provided.

Faculty Signature: _____ Date: _____

HOD Signature: _____ Date: _____