

ACADEMIC SUPPORT PROFESSIONAL EVALUATION (ASP)

Name:	
Department/Unit:	
Date of Initial EIU Appointment:	
Years of Service at EIU:	
Highest Degree and Hours Beyond:	
Mark all appropriate items:	
☐ Annual Evaluation	
☐ Retention Recommendation	
Evaluation of performance of assigned duties:	
(See 8, 9, and 10.4 of the Agreement for the nature of the e^{i}	valuation and criteria)
Press Ctrl + E (M	Vin) or Cmd+E (Mac) to access font properties window for supported text boxes.
Optional: Also document the following (use additional page	e for evaluation).
☐ Professional development, including but not limited to wo	
organizations;	1
☐ Service and support, including but not restricted to activit	ies contributing to the overall mission of the
University;	
☐ Initiative, including work toward improving the quality of	programs and services.

Rating:

Retention (If employee is eligible for retention):

Date of Evaluation:

Signature of Evaluator:

Title:

- 1. This form must be included in the employee's evaluation for retention.
- 2. Supply a copy of this evaluation to the academic support professional evaluated.
- 3. Supply copies of this evaluation to the appropriate director, chair, and/or dean. **The original is** to be sent to the appropriate university vice president and placed in the academic support professional's personnel file.
- 4. In case of annual evaluation only, return the evaluation portfolio to the academic support professional. In the case of an evaluation including retention recommendation, the portfolio should be sent forward via the dean/director to the appropriate university vice president.

Office of VPAA (8/16/2021) Eastern Illinois University