UNC Postdoctoral Scholar Evaluation

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| **POSTDOCTORAL SCHOLAR** | | | | | | |
| Name | | | | Today’s Date | | |
| Department/ Program | | | | Mentor’s Name | | |
| Initial Appointment | 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)* | | | | | | |

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| **POSTDOCTORAL SCHOLAR** | |
| Name | Today’s Date |
| Department/ Program | Mentor’s Name |
| Initial to  Appointment | |

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| **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 |