



ADAMAWA STATE UNIVERSITY, (ADSU) MUBI

(Office of the Registrar)

ESTABLISHMENT DIVISION

File/SP No:

ANNUAL PERFORMANCE EVALUATION REPORT

[Master and Mistress Only]

Period of Report from 1st October 20to 30th September 20..... Session

PART A:

(To be completed by member of staff)

A. PERSONAL PARTICULARS AND ACADEMIC RECORD

1. Name:

(Surname)
(Other names)
2. Department:
3. Faculty:
4. Date and Place of Birth:
5. State of Origin:
6. L.G.A.:
7. Nationality:
8. Marital Status:
9. Gender:
10. Tel: E-Mail:
11. Present Rank and Grade Level with Step:
12. a) Date, Rank and Grade Level on First Appointment with ADSU:
.....
b) Date of First Appointment Elsewhere (If on Transfer of Service):
c) Type of Appointment with ADSU: Tenure/Contract/Secondment
13. Date of Confirmation of Appointment:
14. Date and Rank of Last Promotion:

15. **Membership of Professional Bodies (if any):**

S/No.	Professional Body/Organization
a.	
b.	
c.	

16. **Educational Institutions Attended and Qualification Obtained with Date:**

S/No.	Name of Institution	Qualification Obtained	Dates
a.			
b.			
c.			
d.			
e.			
f.			

17. **Work Experience and Positions Held (Use additional sheet if necessary):**

S/No.	Name of Institution	Designation	From	To
a.				
b.				
c.				
d.				
e.				

18. **Internal/Local Conferences Attended with Dates:**

- i.
- ii.
- iii.

19. **Workshop(s) Attended with Dates:**

- i.
- ii.
- iii.

20. **Teaching Experience:**

S/No.	Employer	Position Held	From	To

21. **Subjects Taught during the Period of Report.**

First Term:

S/No.	Subject Taught	Contact Hours per week

Second Term:

S/No.	Subject Taught	Contact Hours per week

Third Term:

S/No.	Subject Taught	Contact Hours per week

22. **Routine School Administrative Duties during the Period of Report with Date:**

- i.....
- ii.....

23. **Community Service:**

S/No.	Type of Community Service	Period

24. **Hobbies:**

S/No.	Hobby

25. **Certification:**

I, hereby certify that the information given in this document is correct.

 Signature of the Staff

 Date

26. **Principal/Head Teacher's Attestation:**

I certify that the above information is correct

Name _____ Signature _____ Date _____

(Official Stamp)

PART B:

TO BE FILLED BY THE HEAD OF DEPARTMENT

Annual Cognitive, Professional Skills and Attitudinal Assessment:

S/NO	ITEM	MAXIMUM SCORE	MARK SCORE
i.	Teaching Ability/Professional Competence	10	
ii.	Teaching Load	10 (Teaching more than one (1) subject)	
iii.	Foresight	5	
iv.	Classroom Performance	5	
v.	Acceptance of Responsibility	5	
vi.	Students Assessment	5	
vii.	Classroom Management	5	
viii.	School Community/Public Service	5	
ix.	Honesty and Integrity	5	
x.	Diligence and Efficiency	5	
xi.	Punctuality	5	
xii.	Protection of School Property	5	
xiii.	Relationship with Students/Pupils	5	
xiv.	Relationship with Colleagues	5	
xv.	Dependability	5	
xvi.	Creativity	5	
xvii.	Communication Skills	5	
xviii.	Dressing	5	
	Total	100	

Option

- a. *Excellent* (80% and above)
- b. *Very Good* (70 – 79%)
- c. *Good* (60 – 69%)
- d. *Satisfactory* (50 – 59%)
- e. *Not satisfactory* (40 – 49%)
- f. *Poor* (Below 40%)

PART C:

TO BE COMPLETED BY THE MEMBER OF STAFF BEING ASSESSED.

- a. I agree with the above assessment ()
- b. I disagree with the above assessment ()
- c. Any other comments

.....

.....

.....

Name: **Signature:**

PART D:

TO BE COMPLETED BY THE REPORTING OFFICER

(a) Promotion to the post of.....

Tick (✓) whichever is applicable

(b) Confirmation of appointment to retiring age of 65 years ()

(c) No Change of status but increase in normal steps ()

(d) Commendation ()

(e) Disciplinary action for the following reason (s):

.....

.....

(f) Any other recommendation(s)

.....

Principal/Head Teacher

Name

Signature

Date

Establishment Secretary's Certification.

I hereby certify that in my opinion the standard of grading and assessment of the staff named are as stated.

Name

Signature

Date

PART E:

TO BE FILLED BY THE ESTABLISHMENT DIVISION.

Scores Obtained in the Last Two (2) years

- i. Year: Scores:
- ii. Year: Scores:
- iii. Current Year: Scores:

Signature of Establishment Secretary

PART F:

(To be completed by the Registrar or his Representative).

I hereby certify that in my opinion, the grading awarded by the Reporting Officer is correct, subject to the corrections on entries or remarks which I have made and initialed, if any.

Name: _____ Signature: _____

Designation/Rank: _____ Date: _____

PART G:

**GENERAL GRADING FOR QUALITIES AND PERFORMANCE OF DUTIES
DURING PERIOD COVERED BY THIS REPORT**

1. **EXCELLENT (80% and above)**
An exceptional employee, outstanding in most respects
2. **Very Good (70 – 79%)**
An efficient and effective employee
3. **GOOD (60 – 69%)**
Moderately Competent employee
4. **SATISFACTORY (50 – 59%)**
An average employee with room for improvement.
5. **NOT SATISFACTORY (40 – 49%)**
Definitely not competent enough to perform the duties of the grade
6. **POOR (Below (40%))**
Head of Department shall call attention of staff for improvement in performance