

Annual Evaluation for Postdoctoral Appointees

***Please Note: This form must be completed electronically. Handwritten forms will not be accepted.***

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| Name: | Enter text. | | | | |
|  |  | | | | |
| Date of Doctoral Degree Receipt: | | | MM/DD/YYYY | Doctoral Degree Type: | Enter text. |
|  | | |  |  |  |
| Department: | | Enter text. | | Advisor’s Name: | Enter text. |
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| Date of Evaluation: | | MM/DD/YYYY | | Date of Last Evaluation\*: | MM/DD/YYYY |

\*If you recently joined the SMD and therefore, do not have a “last evaluation”, please leave the date blank and discuss in the Postdoctoral Appointee section below, your accomplishments and progress since joining the SMD.

**POSTDOCTORAL APPOINTEE SECTION-------------------------------------------------------------------------------------------------------------**

List accomplishments since your last evaluation. Include grant applications submitted/awarded, honors/awards, meetings attended, papers published, presentations, service activities, etc.

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| Enter text. |

Describe your research progress since your last evaluation.

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| Enter text. |

Describe your research goals and other training-related plans for the next 12 months.

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| Enter text. |

Describe your current career goals. What further research activity or training is needed before it is appropriate to start a job search?

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| Enter text. |

Have you achieved the majority of your goals since your last evaluation?

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| Enter text. |

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| --- | --- |
| How would you rate your own progress and productivity? | Choose an item. |

It is expected that all SMD Postdoctoral Appointees will create and maintain and IDP. IDPs should be revised and modified on a regular basis, no less than annually. Do you have an up-to-date IDP in place?

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| Choose an item. |

If no, why not? When do you expect to create/update your IDP?

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| Enter text. |

Have you discussed your IDP with your advisor and/or another trusted mentor? You are **strongly encouraged** to share your goals with your advisors and to communicate openly.

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| Choose an item. |

**ADVISOR SECTION--------------------------------------------------------------------------------------------------------------------------**

Please provide constructive feedback on the postdoctoral appointee’s progress, strengths and accomplishments. Aspects to address include research efforts and progress, intellectual growth and professional development.

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| Enter text. |

Recommendations for the postdoctoral appointee. Aspects to address include future plans for research, research goals, suggested changes in the project, specific experimental suggestions, areas in need of improvement, career goals, etc.

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| Enter text. |

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| How would you rate the postdoc’s progress and productivity? | Choose an item. |

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| Postdoctoral Appointee Signature/Date: |  |
| Advisor Signature/Date: |  |