

**The University of Tennessee Health Science Center
Administrator Peer/Staff Review Form**

Employee Name: _____

Position Title: _____

Department: _____

Review Period: _____ **to** _____

You have been asked to complete this form for the above-named administrator. Please use your knowledge of this person's work, decision making habits, and commitment to The University of Tennessee and its academic mission when completing this review form. Please rate each item using the following scale:

1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree 6-Not Applicable/Not Observed

A space has been provided if you wish to make comments.

Item for Review	Rating	Overall Comments
1. Creates plans, goals, and programs that support the University's academic mission.	<input type="checkbox"/>	
2. Recognizes opportunities for improvement and is a leader in generating effective changes.	<input type="checkbox"/>	
3. Encourages creativity and innovation in others.	<input type="checkbox"/>	
4. Makes decisions and policies that benefit the operation of the University.	<input type="checkbox"/>	
5. Exhibits diligence and a work ethic that sets an appropriate example for employee behavior.	<input type="checkbox"/>	
6. Recognizes the importance of diversity and demonstrates a commitment to its principles.	<input type="checkbox"/>	
7. Hires and manages human resources effectively, including promoting the personal and professional development of employees.	<input type="checkbox"/>	
8. Uses fiscal resources in a responsible manner.	<input type="checkbox"/>	
9. Is respectful of management, co-workers, staff, students, and the general public.	<input type="checkbox"/>	
10. Makes sound, logical decisions, while following University policies, and Federal, State, and Local laws.	<input type="checkbox"/>	

Relationship to reviewee: Co-worker/equal rank Co-worker/higher rank Co-worker/lower rank Supervised by reviewee

Any areas of concern that should be addressed concerning this administrator: