

**ANNUAL EVALUATION OF RESEARCH ASSOCIATE**  
**Johns Hopkins University School of Medicine**  
**Department of Medicine - Division of (fill in)**

Page 1: *(To be completed by Research Associate)*

Name:

Years as a Research Associate:

List major responsibilities of your position in approximate order of importance, including current year and any anticipated for the next year:

Have you attended professional development courses this year? If yes, please list.

Describe areas that you would like to pursue in your current position that would enhance your job satisfaction and performance. Please include any concerns that you have with your present position.

Please comment on strengths and weaknesses of performance.

Specifically address the following areas:

	Outstanding	Above Expectation	At Expectation	Below Expectation	Unsatisfactory
<b><u>INDEPENDENCE</u></b> Designs and executes projects, creativity of ideas, presentation at national meetings, writing or editing, joining national societies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>FACING ISSUES</u></b> Comes to grips with unpleasant issues and seeks to solve them by constructive action at his/her own level:					
a) Relevant to research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Relevant to personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>RESOURCE UTILIZATION</u></b> Utilizes funds, staff or equipment economically and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*Signature of Research Associate*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Principal Investigator/Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Division Director*

\_\_\_\_\_  
*Date*

Upon completion, please return signed original to Division Director's office.