

DEPARTMENT OF _____

Annual Performance Review for Calendar Year _____

Faculty Member: _____

Period of Review (Years): _____

Workload Summary(% effort):

Teaching		Research		Academic Service		Clinical Service	
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Assessment: (Circle Rating)

Teaching

- Satisfactory
- Truly Exceptional
- Exceeds Expectations
- Meets Expectations
- Needs Improvement
- Unsatisfactory

Research/Scholarship

- Satisfactory
- Truly Exceptional
- Exceeds Expectations
- Meets Expectations
- Needs Improvement
- Unsatisfactory

Academic Service

- Satisfactory
- Truly Exceptional
- Exceeds Expectations
- Meets Expectations
- Needs Improvement
- Unsatisfactory

Clinical Service

- Satisfactory
- Truly Exceptional
- Exceeds Expectations
- Meets Expectations
- Needs Improvement
- Unsatisfactory

Comments on Teaching:

Comments on Research/Scholarship:

Comments on Service:

Overall Assessment:

Satisfactory							Unsatisfactory:
Truly Exceptional:		Exceeds Expectations:		Meets Expectations:		Needs Improvement:	

Comments:

Specific goals to keep on track for promotion:

Department Head

Date

Faculty Member

Date

Additional Comments by Faculty Member: