

DEPARTMENT OF \_\_\_\_\_ PEER REVIEW COMMITTEE

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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**Teaching:**

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

Comments:

**Research/Scholarship:**

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

Comments:

**Academic Service:**

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

Comments:

**Clinical Service:**

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

Comments:

**Overall Assessment:**

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

Comments:

\_\_\_\_\_  
Chair, Dept. Peer Review Committee

\_\_\_\_\_  
Date