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**ANNUAL FACULTY EVALUATION SUMMARY**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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College/Department Evaluation Period Completion Date

1. **ANNUAL PERFORMANCE PROFILE**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **EVALUATION****RATING**  | **CHAIRPERSON COMMENTS** |
| 1. **Teaching**
 | *Above Expectation* *At Expectation**Below Expectation* |   |
| 1. **Research & Scholarship**
 | *Above Expectation* *At Expectation**Below Expectation* |  |
| **C. Service and Professional Development** | *Above Expectation**At Expectation**Below Expectation* |  |
| **D. Clinical Instruction** | *Above Expectation**At Expectation**Below Expectation* |  |
| **E. Other Assigned****Duties**  | *Above Expectation**At Expectation**Below Expectation* |  |

1. **OVERALL EVALUATION ASSEMENT**

# ABOVE EXPECTATION (above department median and average in at least three categories)

 AT EXPECTATION


##  BELOW EXPECTATION (below department median and average in at least three categories)



# Additional Chairperson Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Chairperson Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson Signature Date

**III. FACULTY COMMENTS**

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 Print Faculty Name

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 Faculty Signature Date

Submit completed evaluation to Dean and the Office of Human Resources.

02-05-2019