**ANNUAL FACULTY EVALUATION REPORT**

# PART 2. To Be Completed by Faculty Member’s Department Chair (or Equivalent)

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Evaluation for:** |  |  |  |
|  | Name of Faculty Member |  | Calendar Year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College/Division:** |  |  | **Rank:** |  |

**EVALUATION OF TEACHING, RESEARCH/CREATIVE/SCHOLARLY ACTIVITY, AND SERVICE:**

**Indicate the information used in evaluation of this faculty member’s TEACHING:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Formal student evaluations |  | Review of syllabus, exams, handouts, etc. |
|  |  |  |  |
|  | Informal student feedback |  | Peer evaluation of teaching |
|  |  |  |  |
|  | Classroom observation of teaching |  | Input with colleagues |
|  |  |  |  |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |

**Is there a need for additional professional development in the area of teaching?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes (please explain in evaluation statement) |

**Indicate the information used in evaluation of this faculty member's RESEARCH/SCHOLARSHIP:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Input from colleagues |  | Input from graduate/undergraduate students |
|  |  |  |  |
|  | Publications |  | Presentations, performances, shows, etc. |
|  |  |  |  |
|  | Grants, contracts submitted |  | Grants, contracts funded |
|  |  |  |  |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |

**Is there a need for additional professional development in the area of research/scholarship?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes (please explain in evaluation statement) |

**Indicate the information used in evaluation of this faculty member's SERVICE:**

|  |  |
| --- | --- |
|  | Committee work - National, regional, and state professional organizations; Boards; Review Panels; etc. |
|  |
|  |  |
|  | Committee work - University, College, Department, etc. |
|  |  |
|  | Other service activities related to profession, discipline, etc. |
|  |  |
|  | Community service related to profession |
|  |  |
|  | Input from colleagues |
|  |  |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**Is there a need for additional professional development in the area of service?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes (please explain in evaluation statement) |

**IF APPLICABLE, EVALUATION OF CLINICAL PRACTICE/PATIENT CARE:**

Indicate the information used in evaluation of this faculty member’s clinical practice/patient care service:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Faculty member's self-assessment |  | Input from colleagues |
|  |  |  |  |
|  | Input from practice site personnel, administrators, supervisors, other health care providers |  | Input from professional and/or clerkship/rotation students; residents, etc. |
|  |  |
|  |  |  |
|  |  |  |  |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Is there a need for additional professional development in the area of clinical practice/service?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes (please explain in evaluation statement) |

**IF APPLICABLE, EVALUATION OF ASSIGNED ADMINISTRATIVE RESPONSIBILITIES:**

**Identify below the assigned administrative title/responsibility of this faculty member:**

Administrative Title:

Administrative Responsibility:

**Is there a need for additional professional development related to this faculty member’s administrative responsibilities?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes (please explain in evaluation statement) |

**DEPARTMENT CHAIR'S SUMMARY ASSESSMENT OF FACULTY MEMBER**

**Does this evaluation differ significantly from previous evaluations of this faculty member?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes (please summarize the differences in evaluation statement) |
|  |  |  |

**Do you foresee any professional or personal factors that might limit this person’s long-term performance as a faculty member at ISU?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Yes (please explain in evaluation statement) |

**Please provide your overall qualitative assessment of faculty member’s performance for the review period in all areas of assigned workload, including teaching effectiveness, research/creative activity/scholarship productivity, professional service, and if applicable clinical practice/patient care (when applicable), and assigned administrative.**

**The summary should include information about faculty member’s stated goals for the current review period and upcoming year. The evaluation should be made relative to the expectations associated with the faculty member’s current rank and workload assignment.**

**Please note: This assessment must be comprehensive, but is limited to no more than two pages.**

**CHAIR'S EVALUATION OF OVERALL PERFORMANCE FOR THE PERIOD UNDER REVIEW**

|  |  |  |
| --- | --- | --- |
| COMMENSURATE WITH THEIR RANK OF |  | : |

**(Check appropriate box below; note, explanation is required for rating of Exceptional and Above Expectations):**

|  |  |
| --- | --- |
|  | **Performance is Exceptional** (denotes extraordinary performance that is well beyond that expected of faculty member relative to current faculty rank and position description)**Please Provide a Rationale for this Performance Ranking:** |
|  | **Performance is Above Expectations** (denotes performance that is better than expected of a faculty member relative to current faculty rank and position description)**Please Provide a Rationale for this Performance Ranking:** |
|  | **Performance Meets Expectations** (denotes performance expected of a faculty member relative to current faculty rank and position description; performance that can be defined as normative) |
|  | **Performance is Below Expectations** (denotes performance that is less than expected of a faculty member relative to current faculty rank and position description; this rating means that improvement in level of performance is necessary) |
|  | **Performance is Unacceptable** (denotes that performance level is not acceptable relative to that expected of a faculty member and/or performance is inconsistent with the conditions for continued employment with the Institution; this rating will trigger a full performance review) |

**Chair's Recommendation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Reappointment |  | Non-reappointment |  | Terminal appointment |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Department Chair |  | Date |

**FACULTY STATEMENT**

|  |  |
| --- | --- |
|  | I have read this annual evaluation by the chairperson of my department, and I understand I have five (5) working days from date of evaluation in which to respond in writing to the Department Chair. |
|  |
|  |  |  |  |
|  | I will **not** be responding to this evaluation. |  | I **will** be responding to this evaluation. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Faculty Member |  | Date |