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| **KDHS Third Year Review** |
| **Name** |   |
| **Rank** |  Instructor Clinical Asst  Asst. Prof  |
| **FTE** |   |
| **Contract Length** | 9 Mos 12Mos Other:\_\_\_\_ |
| **Yr of Appointment** |   |
| **Assigned Workload** | **Year 1**Teaching \_\_\_\_\_\_\_%Scholarship \_\_\_\_\_ %Service \_\_\_\_\_ %Clinical Service \_\_\_ %Administrative \_\_\_ % | **Year 2**Teaching \_\_\_\_\_\_\_%Scholarship \_\_\_\_\_ %Service \_\_\_\_\_ %Clinical Service \_\_\_ %Administrative \_\_\_ % | **Year 3**Teaching \_\_\_\_\_\_\_%Scholarship \_\_\_\_\_ %Service \_\_\_\_\_ %Clinical Service \_\_\_ %Administrative \_\_\_ % |
| **Actual Workload** |

|  |  |  |
| --- | --- | --- |
| **Year 1**Teaching \_\_\_\_\_\_\_%Scholarship \_\_\_\_\_ %Service \_\_\_\_\_ %Clinical Service \_\_\_ %Administrative \_\_\_ % | **Year 2**Teaching \_\_\_\_\_\_\_%Scholarship \_\_\_\_\_ %Service \_\_\_\_\_ %Clinical Service \_\_\_ %Administrative \_\_\_ % | **Year 3**Teaching \_\_\_\_\_\_\_%Scholarship \_\_\_\_\_ %Service \_\_\_\_\_ %Clinical Service \_\_\_ %Administrative \_\_\_ % |

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|  | Please write a **brief** summary in the categories below |
| **Teaching** |   |
| **Scholarship** |   |
| **Service** |   |
| **Clin Serv** |   |
| **Scholarship** |  **Please identify if: Submitted, Published, In-Press, Not excepted, Funded, Unfunded** |
| **Peer-review** |   |
| **Internal Grants** |  |
| **External Grants** |   |
| **Research posters/abstracts/ podium present** |   |
| **Other** |   |
|  |   |
|  |   |
| **Dept Review Committee Ratings** |   |
| **Chair Approval** |   |
| **Dean/ Admin Approval** |   |
| **External reviews** |   |