

CoT Calendar Year Annual Faculty Evaluation Report

**PART 1. TO BE COMPLETED BY THE FACULTY MEMBER**

Calendar Year for Evaluation:

College:

Department:

Name (Last Name, First Name, Middle Initial):

Hire Date at ISU (Month/Year):

Rank:

Appointment: 9-month ☐ 10-month ☐ 11-month ☐ 12-month ☐

FTE:

Tenure Status: Tenured ☐ Tenure Track ☐ Non-Tenure Track ☐

Graduate Faculty: Yes ☐ No ☐

Type of Evaluation: 1st Year ☐ 2nd Year ☐ 3rd Year\* ☐ 4th Year ☐

Regular Annual Evaluation ☐ PPR\*\* ☐

\* Third-Year Review: The Third-Year Review is required for all tenure-track faculty. Third-Year Reviews are internal to each college and are meant to provide substantive feedback regarding strengths and areas for improvement to faculty at this critical stage in the tenure timeline. Third-year documentation will be uploaded into the TMS system along with the annual evaluation ranking and are due to the Provost’s Office by March 21, 2025. Third-year documentation should include the faculty member’s CV and self-assessment, committee vote and report, chair report, dean report, and any other reports created based on college/unit guidelines. All responses to these reports from the faculty member should also be included. Please note that the supporting documentation is not required to be uploaded.

\*\* Five-Year Periodic Performance Review (PPR): The PPR is a post-tenure/promotion review that spans a five-year period and is designed to provide an overview of scholarly, service, and teaching activity for a tenured faculty member (ISUPP 4010, I.A.). PPRs are due to the Provost’s Office on March 21, 2025. The PPR documentation should include the faculty member's CV and self-assessment, committee vote and report, chair report, dean report, and any other reports created per college/unit guidelines. All responses to these reports from the faculty member should also be included. These documents should be uploaded into the TMS system along with the annual evaluation ranking. Please note that the supporting documentation is not required to be uploaded.

## Summary of Teaching for Calendar Year (Contact your department or college administrative assistant for this data)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| Term | **Course Subject** | **Course Number** | **Section Number** | **Course Title** | **Course Credits** | **Instr %**  | **Enrollment** | **Total Student Credit Hours** |
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## Summary of Non-Credit Teaching for Calendar Year (Please provide a brief description and listing of all non-credit teaching.)

## Professional Activities and Accomplishments, Calendar Year (Please provide a brief description and listing of all professional activities and accomplishments.)

For the following categories, please address as appropriate:

### I. TEACHING

A. Please list any pedagogical innovations, alterations in course design, individualized teaching, changes in course load or other relevant information (include activities in your course that enhanced student learning or engaged students with the business community such as outside projects, fieldwork, guest speakers, etc.).

B. Please list any other instructional activity, such as supervision of student internships, thesis, dissertation, and/or student advising.

C. Faculty Member's Narrative Assessment of Teaching Effectiveness, Including Analysis of Student Evaluations (500 Word Limit; Not a Listing):

### II. RESEARCH/SCHOLARSHIP/CREATIVE ACTIVITY

A. Publications appearing during the calendar year (provide full bibliographic reference, including page numbers). Clearly identify which entries were peer-reviewed.

B. Research/scholarship accepted for publication during the calendar year (with anticipated publication date). Clearly identify which entries were peer-reviewed.

C. Manuscripts submitted for consideration during the calendar year (provide available bibliographic reference). Clearly identify which entries would be peer-reviewed.

D. Creative activities (exhibits/performances/compositions) during the calendar year. Clearly identify which entries were adjudicated.

E. Work in-progress (on which substantial progress has been made), with brief description. Indicate when the work will be completed and where it will be submitted for review and/or adjudication.

F. Presentations (or other official functions) at conferences during the calendar year. Clearly identify which entries were peer-reviewed.

G. Grant application submitted; grants funded (provide name of granting agency, title of grant, granting period and total amount, current status of the grant).

H. Intellectual Property (e.g. copyrights, patents)

I. Back-to-Industry Activities

J. Faculty Member's Narrative Assessment of Research/ Creative Activity/Scholarship (500 Word Limit; Not a Listing):

**III. PROFESSIONAL SERVICE**

A. University, college, department, include serving as a Graduate Faculty Representative

(GFR: please note graduate students’ names, program, and estimate number of hours served as GFR per student for the calendar year)

B. Discipline (including service to one’s professional organizations or area of expertise)

C. Editorial and Review Activities

D. Other Service (including service to one’s professional organizations or area of expertise)

E. Faculty Member's Narrative Assessment of Professional Service (500 Word Limit; Not a Listing):

**IV. CLINICAL PRACTICE AND LIVEWORK**

A. If applicable, Faculty Member’s Narrative Assessment of Clinical Work and Livework. Please include organization affiliation, participation in ISU Clinics, co-funding or other revenue generating activities related to clinical practice/livework. (500 Word Limit; Not a Listing)

**V. IF APPLICABLE, FACULTY MEMBER'S NARRATIVE ASSESSMENT OF ADMINISTRATIVE RESPONSIBILITIES** (500 Word Limit; Not a Listing):

**VI. ADDITIONAL PROFESSIONAL ACTIVITY/RECOGNITION**

### A. Professional Development Activity

### B. Professional Recognition/Honors

### C. Consulting

### D. Academic and Professional Positions

### E. External Connections and Partnerships

### F. Required ISU/HR Statements

**Have you as a faculty member completed all training modules required by ISU?**

☐ No (indicate plan for completion below) ☐Yes

**VII. PROFESSIONAL GOALS**

1. Evaluation of goals for the review period (refer to the evaluation for the previous calendar year):
2. Faculty member’s professional goals for the upcoming year (be specific):

**VIII. FACULTY MEMBER'S EVALUATION OF HIS/HER OVERALL PERFORMANCE FOR THE PERIOD UNDER REVIEW COMMENSURATE WITH HIS/HER ACADEMIC RANK.**(Check appropriate SELF-RATING below; note, explanation is required for rating of Exceptional and Above Expectations.  This SELF-RATING is optional):

|  |  |
| --- | --- |
|  | **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) |