# ANNUAL FACULTY EVALUATION REPORT

To Be Completed by Department Chair/Unit Head

Please Attach Faculty Member’s Annual Faculty Evaluation – Summary of Accomplishments

<table>
<thead>
<tr>
<th>Faculty Name:</th>
<th>Title:</th>
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<table>
<thead>
<tr>
<th>Department/College:</th>
<th>Calendar or Academic Year</th>
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**Evaluation Year:**
- ☐ 1st year
- ☐ 3rd year
- ☐ 2nd year
- ☐ 4th year
- ☐ Regular Annual Evaluation

**Date of Hire:** (month/year)

**Academic Contract:**
- ☐ Full-time
- ☐ Part-time
  - ☐ 9-month
  - ☐ 10-11 month
  - ☐ > 0.5 FTE
  - ☐ < 0.5 FTE

**Tenure Status** (check one):
- ☐ Tenured
- ☐ Tenure-Track
- ☐ Non-Tenure Track

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## SUMMARY OF DISTRIBUTION OF FACULTY MEMBER’S WORKLOAD EQUIVALENCY UNITS

<table>
<thead>
<tr>
<th>Workload Distribution Agreed Upon at Last Annual Evaluation</th>
<th>Faculty Member’s Report of Actual Workload Distribution for Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction</td>
<td>Instruction</td>
</tr>
<tr>
<td>Research/Scholarly/Creative Activity</td>
<td>Research/Scholarly/Creative Activity</td>
</tr>
<tr>
<td>Professional Service</td>
<td>Professional Service</td>
</tr>
<tr>
<td>Clinical Practice/Patient Care</td>
<td>Clinical Practice/Patient Care</td>
</tr>
<tr>
<td>Administration</td>
<td>Administration</td>
</tr>
<tr>
<td>____ TOTAL</td>
<td>____ TOTAL</td>
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</tbody>
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Based on the College/Department Workload Policy weighting metric, please indicate your assessment of the accuracy of the workload distribution reported by the faculty member:

- ☐ I find the workload reported to be accurate
- ☐ I do not find the workload reported to be accurate (Please Explain below)
EVALUATION OF TEACHING (calendar year):

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

- □ formal student evaluations
- □ informal student feedback
- □ classroom observation of teaching
- □ peer evaluation of teaching
- □ other: ____________________________________________________________

□ review of syllabus, exams, handouts, etc.
□ faculty member’s self-evaluation
□ discussion with faculty member
□ discussion with colleagues

Summarize your assessment of the faculty member’s teaching effectiveness, strengths, and weaknesses, and other relevant aspects of instruction.

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

- □ No
- □ Yes (please explain)

Comments:

EVALUATION OF RESEARCH, SCHOLARSHIP AND/OR CREATIVE WORK:

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

- □ Discussion with faculty member
- □ Input from colleagues
- □ Publications
- □ Grants, Contracts received
- □ Work in progress
- □ Review of faculty member’s self-assessment
- □ Input from graduate/undergraduate students
- □ Presentations, Performances, Shows, etc.
- □ Grants, Contracts under review
- □ Other: ____________________________________________________________

Summarize your assessment of the faculty member’s research/scholarly/creative productivity:
Is there a need for additional professional development in the area of research/scholarship?

☐ No ☐ Yes (please explain)

Comments:

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**EVALUATION OF PROFESSIONAL (NON-CLINICAL) & UNIVERSITY SERVICE:**

Indicate the information upon which this evaluation of service is based:

☐ Committee work – University, College, Department, etc.
☐ Committee work – professional organizations, Boards, Review Panels, etc.
☐ Other service activities related to profession, discipline, etc.
☐ Community service
☐ Other: ________________________________

Summarize your assessment of the faculty member’s service effectiveness, strengths, and weaknesses:

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Do you have any recommendations related to professional service activity:

☐ No ☐ Yes (please explain)

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**EVALUATION OF CLINICAL PRACTICE/PATIENT CARE (when applicable):**

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

☐ Faculty member’s self-assessment ☐ Discussion with faculty member
☐ Input from colleagues ☐ Input from professional and/or clerkship/rotation students; residents, etc.
☐ Input from practice site personnel, administrators, supervisors, other health care providers ☐ Other:
Summarize your assessment of the faculty member’s effectiveness, strengths, and weaknesses related to assigned clinical practice/patient care responsibilities:

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

☐ No  ☐ Yes (please explain)

Comments:

EVALUATION OF ASSIGNED ADMINISTRATIVE RESPONSIBILITIES:

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

Summarize your assessment of the faculty member’s effectiveness, strengths, and weaknesses related to assigned administrative responsibilities:

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

☐ No  ☐ Yes (please explain)

Comments:

Other Activities of Note:
Progress on faculty member’s goals for evaluation year:

Goals for next evaluation year:

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)

Comments:

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

☐ No       ☐ Yes (please summarize the differences)

Comments:
CHAIR’S EVALUATION OF FACULTY MEMBER’S OVERALL PERFORMANCE (check one)

☐ Performance is Exceptional – extraordinary performance, top 10 percent of faculty in unit; excellent performance, well beyond that required relative to the faculty member’s position description/workload assignment.

☐ Performance is Consistently Above Expectations – consistently exceeds performance standards in all areas; performance in top 25 percent of faculty in unit; well above average relative to the faculty member’s position description/workload assignment.

☐ Performance is Above Expectations – exceeds performance standards in many areas; performance is above average, better than expected, exceeds expectations relative to the faculty member’s position description/workload assignment.

☐ Performance Meets Expectations – meets performance standards; performance is average, at a level expected relative to the faculty member’s position description/workload assignment.

☐ Performance is Below Expectations – denotes performance that is less than that expected relative to the faculty member’s position description/workload assignment, and means that improvement is necessary. The chair and faculty member must develop a plan for improvement in the areas that fall below expectations.

☐ Performance is Unacceptable – denotes performance that consistently is below expectations relative to the faculty member’s position description/workload assignment; and performance that is not acceptable and/or is inconsistent with the conditions for improvement specified in previous annual evaluations.

Chair’s Recommendation:
☐ Reappointment ☐ Non-reappointment ☐ Terminal appointment

In arriving at this recommendation, with which groups of faculty in the department or unit have you consulted? (check all that apply)

☐ Tenured ☐ Full-time, non-tenure track
☐ Tenure-track ☐ Part-time, non-tenure track
☐ Non-Tenure Track ☐ None

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.

☐ I will not be responding to this evaluation. ☐ I will be responding to this evaluation.

Signature of Faculty Member ___________________________ Date ___________________________
Annual Evaluation for: _____________________________________________________________
        Name of Faculty Member   Calendar Year

_____________________________________________________

ANNUAL FACULTY EVALUATION REPORT

RECOMMENDATION OF THE DEAN

☐ I agree with the chairperson’s evaluation of this faculty member.

☐ I disagree with the chairperson’s evaluation of this faculty member.

Remarks:

_____________________________________________________

Signature of the Dean                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.

☐ I will not be responding to this evaluation.  ☐ I will be responding to this evaluation.

_____________________________________________________

Signature of Faculty Member          Date