

# ANNUAL FACULTY EVALUATION REPORT

To Be Completed by Department Chair/Unit Head

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

Faculty Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department/College: \_\_\_\_\_ Calendar or Academic Year \_\_\_\_\_

**Evaluation Year:**

- 1<sup>st</sup> year     3<sup>rd</sup> year  
 2<sup>nd</sup> year     4<sup>th</sup> year  
 Regular Annual Evaluation

**Date of Hire:**

\_\_\_\_\_  
(month/year)

**Academic Contract:**

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <u>Full-time</u>                     | <u>Part-time</u>                   |
| <input type="checkbox"/> 9-month     | <input type="checkbox"/> ≥ 0.5 FTE |
| <input type="checkbox"/> 10-11 month | <input type="checkbox"/> < 0.5 FTE |
| <input type="checkbox"/> 12-month    |                                    |

**Tenure Status** (check one):

- Tenured       Tenure-Track       Non-Tenure Track

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

**Workload Distribution Agreed Upon  
at Last Annual Evaluation**

\_\_\_\_\_ Instruction  
\_\_\_\_\_ Research/Scholarly/Creative Activity  
\_\_\_\_\_ Professional Service  
\_\_\_\_\_ Clinical Practice/Patient Care  
\_\_\_\_\_ Administration  
\_\_\_\_\_ **TOTAL**

**Faculty Member's Report of Actual  
Workload Distribution for Year**

\_\_\_\_\_ Instruction  
\_\_\_\_\_ Research/Scholarly/Creative Activity  
\_\_\_\_\_ Professional Service  
\_\_\_\_\_ Clinical Practice/Patient Care  
\_\_\_\_\_ Administration  
\_\_\_\_\_ **TOTAL**

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:**

- |  |  |
|--|--|
| <input type="checkbox"/> formal student evaluations        | <input type="checkbox"/> review of syllabus, exams, handouts, etc. |
| <input type="checkbox"/> informal student feedback         | <input type="checkbox"/> faculty member's self-evaluation          |
| <input type="checkbox"/> classroom observation of teaching | <input type="checkbox"/> discussion with faculty member            |
| <input type="checkbox"/> peer evaluation of teaching       | <input type="checkbox"/> discussion with colleagues                |
| <input type="checkbox"/> other: _____                      |  |

**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:

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**EVALUATION OF RESEARCH, SCHOLARSHIP AND/OR CREATIVE WORK:**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Discussion with faculty member | <input type="checkbox"/> Review of faculty member's self-assessment |
| <input type="checkbox"/> Input from colleagues          | <input type="checkbox"/> Input from graduate/undergraduate students |
| <input type="checkbox"/> Publications                   | <input type="checkbox"/> Presentations, Performances, Shows, etc.   |
| <input type="checkbox"/> Grants, Contracts received     | <input type="checkbox"/> Grants, Contracts under review             |
| <input type="checkbox"/> Work in progress               | <input type="checkbox"/> 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:**

**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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Faculty member’s self-assessment   | <input type="checkbox"/> Discussion with faculty member  |
| <input type="checkbox"/> Input from colleagues  | <input type="checkbox"/> Input from professional and/or clerkship/rotation students; residents, etc. |
| <input type="checkbox"/> Input from practice site personnel, administrators, supervisors, other health care providers | <input type="checkbox"/> 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:

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**EVALUATION OF ASSIGNED ADMINISTRATIVE RESPONSIBILITIES:**

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

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**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:

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**Other Activities of Note:**

**Progress on faculty member's goals for evaluation year:**

**Goals for next evaluation year:**

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**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)**

<input type="checkbox"/> Tenured	<input type="checkbox"/> Full-time, non-tenure track
<input type="checkbox"/> Tenure-track	<input type="checkbox"/> Part-time, non-tenure track
<input type="checkbox"/> Non-Tenure Track	<input type="checkbox"/> None

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

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**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 \_\_\_\_\_

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### 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 \_\_\_\_\_

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#### 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 \_\_\_\_\_

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