

---

**Idaho State University**  
**Annual Faculty Evaluation – Summary of Accomplishments**  
**To Be Completed by Each Faculty Member and Submitted to Department Chair**

---

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

For Calendar Year: \_\_\_\_\_ ISU Contract (circle one): 9- 10- 11- 12-mo.

---

**A. Summary of Distribution of Workload Equivalency Units (WEUs) During this Time Period  
(based on College/Dept. Workload Policy Weighting Metrics)**

**NOTE:** the total WEUs for full-time, 9-month contract faculty must add to 15 each semester. The total WEUs for full-time, 12-month faculty must add to 15 each semester and 10 for the summer. The total WEUs for part-time faculty must be proportional to the full-time contract.

Activity	Description (examples)	Workload Units Claimed – Calendar Year		
		Spring	Summer	Fall
<b>Instruction-Related Activity</b>	Courses taught (e.g., lecture, lab, experiential, independent study, thesis, dissertation, etc.)			
<b>Out-of-Classroom Activities Related to Instruction</b>	New course development; new teaching modalities; major course revision; development of digital or web-based modules, etc.			
<b>Other Instruction Activity</b>	Supervision of undergraduate, graduate, post-graduate students; continuing education programs			
<b>Student Advising, Recruitment</b>	Formally assigned advisees; informal advising; Student recruitment activity, etc.			
<b>Research/Scholarship/Creative Productivity</b>	Grants, Publications, Fine Arts Creative Activity, Research Presentations, etc.			
<b>Professional Service</b>	Department, College, University and Professional Service (service based on academic expertise)			
<b>Clinical Practice/Patient Care Activities</b>	<u>Department assigned/sanctioned</u> clinical practice and/or patient care activities associated with a clinical program			
<b>Administration</b>	<u>Assigned</u> Administrative Responsibilities (e.g., Assistant Chair, Center Director, Program Coordinator, etc.)			
<b>Other</b>	(Describe Below)			
<b>TOTAL Workload Equivalency Units:</b>		<b>15</b>	<b>10 (see note above)</b>	<b>15</b>

**B. Teaching/Instruction Activities – List all courses taught by term (Spring, Summer, Fall) for the calendar year. Include the Workload Equivalency Units (WEUs) allocated to the courses based on the College/Department course weighting metric.**

Term (Sp, Su, Fall)	Course Number and Title	Sec. No.	Cr. Hrs	Type of Course*	% of Course Taught	# of Students Enrolled	WEU for Each Course

\* Enter type of course: Lecture, Lab, Seminar, Online, Case Studies, Practicum, Independent Study, Thesis/Dissertation, etc.

**Graduate Students Supervision (exclude service as GFR)**

<b>Term (Sp, Su, Fall)</b>	<b>Name of Student(s)</b>	<b>Cr. Hrs</b>	<b>Average Contact Hours/Week</b>	<b>Your Role*</b>

\*Indicate your role: Major Advisor, Committee Member, Lab Supervisor, etc.

**Supervision of Practicum Students (Student teaching, clinical rotations, field placement, internships, etc.)**

<b>Term (Sp, Su, Fall)</b>	<b>Cr. Hrs.</b>	<b>Length of Practicum/Rotation (weeks)</b>	<b>No. of Students Supervised (each practicum/rotation)</b>	<b>Total No. of Students Supervised (by Term)</b>	<b>Average Contact Hours/Week</b>

**Post-Doctoral Residents/Fellows Supervision (Pharmacy, Family Medicine, Dentistry)**

<b>Term (Sp, Su, Fall)</b>	<b>Name of Resident(s)/ Fellow(s)</b>	<b>Cr. Hrs</b>	<b>Contact Hours/Week</b>

**Continuing Professional Education Program Presentations**

<b>Presentation Title</b>	<b>Sponsor</b>	<b>Date</b>	<b>Location</b>	<b>Approximate # Audience</b>

**Other Teaching and/or Instruction-Related Activity (describe below):**

**Student Advising (Formal advising)**

<b>Term</b>	<b>Number of Students</b>
Spring	
Summer	
Fall	

**C. Scholarship (please use accepted reference format for your discipline)**

1. List refereed articles published in professional journals and other professional media.
2. List refereed articles in press in professional journals and other professional media.
3. List articles submitted for publication to refereed professional journals/professional media.
4. List published abstracts.
5. List chapters in books, monographs, or books accepted for publication or published.
6. List all other publications in international, national, regional or state journals, newsletters, etc.
7. List papers or posters presented at international, national, regional or state professional meetings.
8. List papers or posters accepted for presentation at international, national, regional or state professional meetings.
9. List papers or posters submitted for presentation to international, national, regional or state professional groups, but not yet accepted.
10. List all other presentations not already listed, including invited presentations.
11. List other publication-related activities such as being an editor for a journal, textbook, anthology or other such publications; an editor of a column for a journal, etc. Be sure to include the full name of the publication(s) and your role and contribution. Note: some of these activities may be listed under Professional Service, if not listed under Research.
12. List patents and indicate whether they were filed or received during the evaluation year.
13. List externally funded grants and contracts as follows: names of investigator(s) in order and FTE allocation of each to the project, title of grant proposal, name of agency to which proposal was submitted; total amount of award, total award period, dollar amount under your direct control, and date award was received.
14. List grants and contracts submitted to external agencies, but not funded, in the same format as in item 13 above.
15. List grants and contracts currently under review by external agencies, in the same format as item 13 above.
16. List grants and projects funded internally by ISU, following the format as in item 13 above.
17. List any unsponsored scholarship projects completed.
18. List all other research/scholarly/creative activity not included above in items 1-17.

#### **D. Professional Service**

1. List committee service to the University; include the name of committee; indicate if a standing or ad hoc committee, your position on the committee (e.g., member, chair, etc.); and number of hours a committee met in a semester or calendar year.
2. List committee service to the College and/or Department; include the name of committee; indicate if a standing or ad hoc committee, your position on the committee (e.g., member, chair, etc.); and number of hours a committee met in a semester or calendar year.
3. List service to professional organizations at the local, state, regional or national level. Include the name of the organization, the name of the committee involved, the position held and the dates of service.
4. List the professional organizations in which you are a member.
5. List the names of journals or other publications and meetings for which you served on an editorial board, reviewed articles, abstracts, etc. during the year. The number of articles reviewed should be included in parentheses.

#### **E. Student Support Activities**

1. List service to ISU, College, and/or Department students, such as: faculty advisor to a student organization, coordinator of a student competition, facilitation of student activities at meetings, etc.
2. For faculty in ISU's clinical programs, list student community clinical activities (e.g., direct patient care, screening clinics, health fairs, etc.) that you have precepted/supervised, and include the date, location, and number of students supervised.

#### **F. Faculty Development Activities**

1. List formal professional training, certification exams completed, or other such activities, and provide date achieved.
2. List professional seminars, workshops, meetings or any other activity attended for self-improvement. For those listed, include where possible the title of the meeting (e.g., annual meeting), the name of the sponsoring organization, place where the meeting was held and the date(s) of the meeting(s).

#### **G. Outside Consulting Services (only report consulting provided by you without additional compensation as part of your workload); include dates, organization(s), your role, etc.**

#### **H. Professional Honors or Awards Received**

#### **I. Other Activities Not Covered Above**

**J. List Your Goals for the Evaluation Year, and Progress Made in Meeting Your Goals.**

**K. List Your Goals for the Next Evaluation Year.**

**L. Please indicate your expected workload distribution for the next Evaluation Year:**

Activity	Description (examples)	Workload Units Planned – Calendar Year		
		Spring	Summer	Fall
<b>Instruction-Related Activity</b>	Courses taught (e.g., lecture, lab, experiential, independent study, thesis, dissertation, etc.)			
<b>Out-of-Classroom Activities Related to Instruction</b>	New course development; new teaching modalities; major course revision; development of digital or web-based modules, etc.			
<b>Other Instruction Activity</b>	Supervision of undergraduate, graduate, post-graduate students; continuing education programs			
<b>Student Advising, Recruitment</b>	Formally assigned advisees; informal advising; Student recruitment activity, etc.			
<b>Research/Scholarship/Creative Productivity</b>	Grants, Publications, Fine Arts Creative Activity, Research Presentations, etc.			
<b>Professional Service</b>	Department, College, University and Professional Service (service based on academic expertise)			
<b>Clinical Practice/Patient Care Activities</b>	Department assigned/sanctioned clinical practice and/or patient care activities associated with a clinical program			
<b>Administration</b>	Assigned Administrative Responsibilities (e.g., Assistant Chair, Center Director, Program Coordinator, etc.)			
<b>Other</b>	(Describe Below)			
<b>TOTAL Workload Equivalency Units:</b>		<b>15</b>	<b>10 (see note above)</b>	<b>15</b>

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_

Chair's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_

Date \_\_\_\_\_

**This Form is to be submitted to Your Department Chair as Part of Your Annual Evaluation.**