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**2018 ANNUAL FACULTY EVALUATION FORM (PART II)**

(To be completed by the department chair or evaluator)

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Last Name:** |  | **Faculty First Name:** |  |
| **Degree:** |  | **Department:** |  |

**Track:** [ ]  Tenure [ ]  Non-Tenure **If Tenure Track, Tenure Status:** [ ]  Acquiring [ ]  Tenured

**Date of Application for Promotion to Associate Professor / Professor / Tenure:** or [ ]  NA

**This faculty member elects to be placed on the** [ ]  **Medical Educator Pathway or** [ ]  **Clinical Educator Pathway**

 *By checking this box, the chair attests that the faculty member meets the eligibility for the selected promotion pathway, if applicable.*

**Primary Responsibilities (As determined with Department Chair)** *Check primary area of responsibility and enter approximate percentage of time*

[ ]  Teaching (\_\_ %) [ ]  Clinical Service (\_\_ %) [ ]  Scholarship (\_\_ %) [ ]  Public Service (\_\_ %)

**Teaching, Precepting and Curricular Development**

Last year’s Chair- Assigned Goals / Objectives:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

General criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Specific criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Chair’s Comments and Recommended Goals / Objectives for Next 12 Months:

**Scholarship in Research, Medical Education and / or Patient Care**

*(abstracts, presentations, manuscripts, electronic postings, innovations, collaborations, grants, contracts, etc.)*

Last year’s Chair-Assigned Goals / Objectives:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

General criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Specific criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Chair’s Comments and Recommended Goals / Objectives for Next 12 Months:

**Clinical and Patient Care Activities**

*(Current practice sites, number half days per week, principle responsibilities.)*

Last year’s Chair-Assigned Goals / Objectives:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

General criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Specific criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Chair’s Comments and Recommended Goals / Objectives for Next 12 Months:

**Academically-Related Public Service**

*(Department, School, TTUHSC El Paso, Hospital, Community, State, National, International – include public service)*

Last year’s Chair-Assigned Goals / Objectives:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

General criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Specific criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Chair’s Comments and Recommended Goals / Objectives for Next 12 Months:

**Faculty Development, Continuing Education, Personal Development and Awards Received**

Last year’s Chair-Assigned Goals / Objectives:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

General criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Specific criteria for Promotion / Tenure:

 [ ]  Exceeds Expectations [ ]  Meets Expectations [ ]  Needs Improvement

Chair’s Comments and Recommended Goals / Objectives for Next 12 Months:

**CITIZENSHIP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristic** | **Does Not Meet Expectations** | **Meets Some Expectations** | **Meets All Expectations** | **Exceeds Expectations** | **Significantly Exceeds Expectations**\* |
| Observes institutional/departmental policies/procedures |  |  |  |  |  |
| Respects others and their rights |  |  |  |  |  |
| Serves others before herself/himself |  |  |  |  |  |
| Accepts personal responsibility |  |  |  |  |  |
| Contributes to the organization/community |  |  |  |  |  |

**\***Provide justification when **Significantly Exceeds Expectations** is selected.

**PROFESSIONALISM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristic** | **Does Not Meet Expectations** | **Meets Some Expectations** | **Meets All Expectations** | **Exceeds Expectations** | **Significantly Exceeds Expectations**\* |
| Effective communication with other employees and customers |  |  |  |  |  |
| Conforms to the technical and ethical standards of her/his profession |  |  |  |  |  |
| Accountability |  |  |  |  |  |
| Trustworthiness |  |  |  |  |  |
| Honesty |  |  |  |  |  |

**Links to Professionalism to assist in evaluations:**

[**https://elpaso.ttuhsc.edu/som/facultyaffairs/\_documents/Declaration\_of\_Faculty\_Professional\_Responsibility.pdf**](https://elpaso.ttuhsc.edu/som/facultyaffairs/_documents/Declaration_of_Faculty_Professional_Responsibility.pdf)

**\***Provide justification when **Significantly Exceeds Expectations** is selected.

**OVERALL EVALUATION**

**(**Please check one box**)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does Not Meet Expectations** | **Meets Some Expectations** | **Meets All Expectations** | **Exceeds Expectations** | **Significantly Exceeds Expectations** |
|  |  |  |  |  |

**Additional Comments Regarding Faculty Performance**

Use this section to document positive reinforcement and/or constructive feedback:

**FACULTY DEVELOPMENT PLAN**

**(**Please check one box)

This is available to faculty members to assist in achievement of the assigned goals and objectives.  A faculty development plan is available upon the request of chair and/or faculty member.

[ ]  Not Required [ ]  Development Plan Requested [ ]  Development Plan Declined

EVALUATION SIGNATURES

**Faculty Signature Date Chair Signature Date**

**Send a copy of this form, along with a copy of the faculty member’s 2018 Annual Faculty Evaluation (Part I) to Miranda Alvarez, Office of Faculty Affairs, ASB Room 1113, MSC# 21006.**

**Retain the originals in the department’s file and provide a copy to faculty member.**