

FACULTY ACADEMIC PROFILE 2014 FACULTY EVALUATION

(To be completed by the Faculty Member)

Name of Faculty Men	nber:		
Date of Hire:	_Current Academic Ran	k:Department:	
Track: Tenure	Non-Tenure If Tenur	re Track, Tenure Status: Acquiring Tenured	
Mentor Name:			
Mid-Point Evaluation Date: Results:		Results: NA On Track Off Track Other	
Details:			
Anticipated Date of A	application for Promotion	:	
Anticipated Date of A	application for Tenure:	NA	
Anticipated Date of A	application for Post Tenu	re:	
Primary Responsibilities (As determined with Department Chair)* Check primary area of responsibility and enter approximate percentage of time.* Teaching (%) Clinical Service (%) Scholarship (%) Public Service (%)			
	Chinical Service (_%)	
Accomplishments in 7	Γeaching during the last χ	year(s) or since last evaluation	
Level 1	☐ Level 2 ☐ Leve	13	
Recognition: L	ocal Regional	☐ National/International	
Narrative:			

Faculty:

Return the Original Form to Department Chair. Retain a copy for your records.



Faculty member's goals & objectives for next 12 months:

Accomplishments in Clinical Service during the lastaaaa year(s) or since last evaluation
☐ Level 1 ☐ Level 2 ☐ Level 3
Recognition:
Narrative:
Faculty member's goals & objectives for next 12 months:
Accomplishments in Scholarship during the lastyear(s) or since last evaluation
☐ Level 1 ☐ Level 2 ☐ Level 3
Recognition:
Narrative:
Faculty member's goals & objectives for next 12 months:

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Accomplishments in Academically-Related Public Service during the lastyear(s) or since last evaluation				
☐ Level 1 ☐ Level 2				
Recognition:				
Narrative:				
Accomplishments in Department Administration				
Narrative:				
Faculty member's goals & objectives for next 12 months:				
ruculty moment of gould be object too for new 12 monais.				
☐ Please see attached supporting materials such as student evaluations, recurriculum, awards, abstracts, publications or awarded grants.	esident evaluations, course,			
Faculty Signature				

Faculty: Return the Original Form to Department Chair. Retain a copy for your records.