

APPENDIX D – PART 1
BURNETT SCHOOL OF BIOMEDICAL SCIENCES
College of Medicine
University of Central Florida
ANNUAL EVALUATION OF FACULTY PERFORMANCE

The purpose of the annual evaluation is to assess and communicate the nature and extent of an employee's performance of assigned duties. The employee's assignment(s) for the period of evaluation is (are) to be attached to the annual evaluation along with the proposed goals and objectives for the next academic year. This annual evaluation of faculty performance is completed by the faculty member's school director in Part II, after the faculty member indicates his/her annual accomplishments in Part I. Effective 2012, the period of evaluation is the academic year.

Evaluated Faculty Employee ID# Rank/Title Period of Evaluation

PART I - PERFORMANCE PROFILE

CATEGORY	FACULTY ACCOMPLISHMENTS
A. Education	
Annual Average FTE* _____	
B. Research and Creative Activities	
Annual Average FTE* _____	
C. Service (Including Governance)	

Annual Average FTE* _____	
D. Other Assigned Duties	
Annual Average FTE* _____	

*Weighted FTE for the categories described above over the semester in the evaluation period.

PART II – PERFORMANCE EVALUATION

CATEGORY	EVALUATION RATING**	EVALUATOR'S COMMENTS (including suggestions for improvement or change, if appropriate)
A. Education		
Annual Average FTE*		
B. Research and Creative Activities		
Annual Average FTE*		
C. Service (Including		

Governance)		
Annual Average FTE*		

*Weighted FTE for the categories described above over the semester in the evaluation period.

NOTE: Evaluation choices are: Outstanding, Above Satisfactory, Satisfactory, Conditional, and Unsatisfactory. **Detailed and comprehensive comments on either Outstanding, Conditional, or Unsatisfactory ratings are required.**

OVERALL EVALUATION ASSESSMENT _____

SPOKEN ENGLISH LANGUAGE COMPETENCY: Proficient Recommended Proficiency Test

If recommending proficiency test, explain reasons(s):

EVALUATOR SIGNATURE(S)

The signatures below certify that the data outlined in this evaluation has been derived from the following: Faculty, students, self and other university officials, as appropriate.

_____ BSBS, College of Medicine _____ _____
 Print Evaluator's Name Department/Unit Signature Date

COMMENTS BY THE EVALUATED FACULTY MEMBER (optional)

I acknowledge receiving my annual performance evaluation.

Faculty Signature Date

Print Dean's Name

College of Medicine
College

Signature

Date

Original: employee's file (Dean's office)
Copy: employee, department/unit



APPENDIX D – PART 2
**DEPARTMENTS OF CLINICAL SCIENCES, INTERNAL MEDICINE AND
 MEDICAL EDUCATION**
College of Medicine
University of Central Florida
ANNUAL EVALUATION OF FACULTY PERFORMANCE

NAME & RANK: _____	PROGRESS REPORT for Calendar Year _____
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Refer to the Final assignment for the past year to review your assigned goals. A list of possible reportable activities is on the next page for reference. Please indicate your progress towards these goals.

Activity and percentage	Progress and achievements
1. Instructional Activities	A. List of Reportable Activities and Accomplishments:
___%	B. Progress on Previously Defined Instructional Activities Goals:
2. Research/Scholarship	A. List of Reportable Activities and Accomplishments:
___%	B. Progress on Previously Defined Research/Scholarship Goals:
3. Clinical Service (if appropriate)	A. List of Reportable Activities and Accomplishments:
___%	B. Progress on Clinical Service Goals:
4. Service (University, Community, Professional)	A. List of Reportable Activities and Accomplishments:
___%	B. Progress on Service Goals:
5. Other Assigned Duties or Other Reportable Activities	A. List of Reportable Activities and Accomplishments:
___%	B. Progress on Other Assigned Duties Goals:

This report will be reviewed and evaluated by your supervisor.

Examples of reportable activities to be included in the FACULTY ANNUAL REPORT:

1. *Instructional Activity*

- Regularly Scheduled Courses
- New Module/Course/Clerkship, Lab Preparations or Development
- Special Module/Course/Clerkship Requirements:
- Teaching Enhancement Activities
- Distributed Learning Activities
- Research Reports Supervised
- Thesis Supervised: (*Name, Status, Thesis Title*)
- Independent Study
- Intern Supervision
- Advising Activities
- List Methods of Course Evaluation Other Than University Student
- Evaluation and Outcome Assessment:
- Other

2. *Research and Creative Activities*

- Sponsored Research
- Proposal Preparation
- Un-sponsored Research
- Other Creative Activities
- Publications of Articles and Books:
 - **ARTICLES:** (*Author(s), Title, Journal, Date, Volume, Page No.*)
 - Refereed National/International
 - Refereed Regional/State:
 - Non-Refereed
 - **BOOK CHAPTERS:** (*Author(s), Chapter Title, Book Title, Editors, Publisher, No. of Pages*)
 - **BOOKS - TEXT:** (*Author(s), Title, Edition, Publisher*)
 - **BOOKS EDITED** (*Author(s), Title, Edition, Publisher*)
- Presentation of Professional Papers: (*Author(s), Title, Meeting/Conference, Date, Location*)
 - Refereed National/International
 - Refereed Regional/State:
 - Non-Refereed
- Other Publications

3. & 4. *Service*

- Clinical
- University Service: (*include any development related activities*)
University level, College, Department
- List and Briefly Describe Partnership Activities and Community Relations and Outreach: (*Include any agency or organization you are partnered with in any way*)
- List Professional Organization Memberships and Offices Headed/Attendance at Professional Meetings.

5. *Other Reportable Activities*

Diversity (*Workshops/seminars, papers presented, courses taught, student outreach activities, consultations, etc.*)

International (*Courses taught, consultations, conferences attended, papers presented, seminars/workshops, etc.*)

Paid Consulting Activities

NAME _____	PERFORMANCE EVALUATION for Calendar Year _____
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Activity and percentage	Evaluation	Evaluator's Comments
1. Instructional activities		
____%		
2. Research/scholarship		
____%		
3. Clinical Service (if appropriate)		
____%		
4. Service (univ., community, professional)		
____%		
5. Other Assigned Duties or other reportable activities		
____%		

Note: Evaluation choices are: Outstanding, Above Satisfactory, Satisfactory, Conditional and Unsatisfactory.

NAME _____	SUMMARY EVALUATION for Calendar Year _____
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Faculty Assignment		Evaluation *	Score	Max Possible Score
Area	Assignment %			
Instruction				
Research				
Clinical Service				
College, University Professional and Community Service				
Other Assignment				
TOTAL				
OVERALL EVALUATION ASSESSMENT				

*Evaluation: 4 = Outstanding, 3= Above Satisfactory, 2= Satisfactory, 1= Conditional, 0 = Unsatisfactory.

Existing contract: At the end of this academic year, you will have completed _____ years of a _____ year contract. The current end date of the contract is _____.

Overall, based on your performance this last year, I recommend to the dean:

___ Continuation of existing contract;

___ Extension of contract for a total of ___ years (no more than 3) new end date of _____.

Signature, Department Chair or Associate Dean Print name Date

I have reviewed the progress report and goals for next year with my supervisor. I accept the proposed contract terms, and request dean's approval.

Signature, Faculty Print name Date

I have reviewed the progress report and the recommendation of the supervisor.

___ The current contract will be continued.

___ The contract will be extended for a total of ___ years (<3) with new end date of _____.

Signature, Dean Print name Date

*Form modified with permission from Touro Medical School