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

NAME & RANK: ________________________________  PROGRESS REPORT for Calendar Year ________

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.

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

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 CHAPTHERS**: *(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**
<table>
<thead>
<tr>
<th>Activity and percentage</th>
<th>Evaluation</th>
<th>Evaluator’s Comments</th>
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</thead>
<tbody>
<tr>
<td>1. Instructional activities</td>
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<tr>
<td>2. Research/scholarship</td>
<td>___%</td>
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<td>4. Service (univ., community, professional)</td>
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<td>5. Other Assigned Duties or other reportable activities</td>
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Note: Evaluation choices are: Outstanding, Above Satisfactory, Satisfactory, Conditional and Unsatisfactory.
NAME_________________________________ SUMMARY EVALUATION for Calendar Year

<table>
<thead>
<tr>
<th>Faculty Assignment</th>
<th>Evaluation</th>
<th>Score</th>
<th>Max Possible Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td>Assignment %</td>
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<tr>
<td>Instruction</td>
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<td>Research</td>
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<td>Clinical Service</td>
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<tr>
<td>College, University Professional and Community Service</td>
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<td>Other Assignment</td>
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<td>TOTAL</td>
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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