

UAMS College of Medicine Faculty Development Report Chair Evaluation of Individual Faculty Members

Instructions

For each section containing a percentage, please give a rating and fill in an explanation in the box provided. The goals section and the summary section must be completed for all faculty members.

Faculty Information

| | | | |
|----------------------------------|--|-------------------|--|
| FACULTY NAME | | | |
| DIVISION | | | |
| Academic Track & Rank | | | |
| FTE | | VA Eighths | |

| Time and Effort Distribution | | | |
|------------------------------------|---|--|---|
| Clinical Service | % | Teaching/Mentoring | % |
| Research/Scholarly Activity | % | Leadership/Administrative Service | % |
| Total | | | % |

Goals Rating: Exceeds Expectations Meets Expectations Did Not Meet Expectations

Goals Set from Previous Year: *Please note current status of goal(s).*

Goals Set for Next Year:

To be completed by Chair – all following tables:

| | Meets Expectation | Failed to Meet Expectations | If failed to meet expectations – summarize evidence of having failed to meet expectations |
|-----------------------------------|--------------------------|-----------------------------|---|
| Teaching and Mentoring | <input type="checkbox"/> | <input type="checkbox"/> | |
| Research and Scholarly Activity | <input type="checkbox"/> | <input type="checkbox"/> | |
| Clinical Service | <input type="checkbox"/> | <input type="checkbox"/> | |
| Leadership/Administrative Service | <input type="checkbox"/> | <input type="checkbox"/> | |
| Comments | | | |

Peer Review

| | | |
|--|------------------------------|-----------------------------|
| Has the requirement for peer-review of at least an element of this faculty member's work this past year been satisfied | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "yes", briefly specify how this was accomplished: | | |

Professionalism and Collegiality

| | | |
|---|------------------------------|-----------------------------|
| Demonstrated professionalism and collegiality, consistent with UAMS Core Values <i>Integrity Respect Diversity and Health Equity Teamwork Creativity Excellence Safety</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "No", briefly describe the issues, evidence, and measures taken: | | |

Overall Performance Assessment

| | | |
|---|---------------------------------------|---|
| Overall Performance | Satisfactory <input type="checkbox"/> | Unsatisfactory <input type="checkbox"/> |
| If "Unsatisfactory", provide the evidence on which this assessment was determined within the Chair's Evaluation Form. List, here, the names of the faculty who reviewed this decision prior to the submission of this assessment. Contact the Associate Dean for Faculty Affairs. | | |

| |
|--|
| Progress toward promotion and/or tenure: <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Did Not Meet Expectations <input type="checkbox"/> N/A |
| |

Please enter any additional comments you may have.

After the annual review conversation between the faculty member and the chair (or division chief) has occurred and the Chair's Evaluation has been completed, each party should sign this document and each should retain a copy.

Faculty Member's Signature

Date

Department Chair's Signature

Date