

University of Tennessee Health Science Center
Summary of ANNUAL PERFORMANCE AND PLANNING REVIEW of faculty
 for the academic year ending June 30th, 20_____

Form 1-m

Name _____ Rank _____

Department _____ College _____

Full-time

Indicate appropriate designation

Part-time _____% if part-time

Tenured

Tenure Track

Nontenure Track

1. Date of interview between Chair and Faculty Member _____

- | | | | |
|--|-----|----|-----|
| 2. Is the Chair's (or responsible supervisor's) narrative summary, based upon the goals & expectations agreed upon for the current evaluation period attached? | Yes | No | |
| a. Does the narrative include a statement of progress toward tenure consideration if the faculty member is on tenure-track? | Yes | No | N/A |
| b. If required, is the Improvement Plan (Form 9) attached? | Yes | No | N/A |
| c. Is the work assignment for the next evaluation period attached? | Yes | No | |
| d. Are the mutually established goals for the next evaluation period attached? | Yes | No | |
| e. Has the Chair reviewed the faculty member's completed Outside Interests Disclosure form? | Yes | No | |

3. Chair's interview summary and evaluation was provided to the faculty member on: _____

4. Is faculty member's optional response to the Chair's evaluation attached?	Yes	No	N/A
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5. Overall performance rating

Rating

Faculty Member

Chair

EXCEEDS EXPECTATIONS for rank

MEETS EXPECTATIONS for rank

NEEDS IMPROVEMENT for rank*

UNSATISFACTORY for rank*

Confirmation that a CV updated this year is attached to this Form.	
Yes	No

Yes No

6. Percent Effort Allocation by Assigned Mission for Upcoming Academic Year

Mission

Assigned Percent Effort

Teaching _____ %

Research/Creative & Other Scholarly Activities _____ %

Clinical Care _____ %

Service/Outreach _____ %

Has the faculty member participated in 3 activities for faculty development in teaching?	
Yes	No

Yes No

7. We have discussed the contents of this document. By signing below, I acknowledge that I have participated in the review process & have received a copy of this review (*without implying agreement or disagreement*). I understand that I have the right to disagree with this evaluation & to respond in writing within ten (10) days from the date I received this form.

Faculty Member

Date

Chair (or responsible supervisor)

Date

Order of Attachments

*Requires Form 9: to be attached.

Distribution: Faculty Member
 Department Files
 Dean
 Chief Academic Officer

- 1 - Chair's narrative summary of previously established academic goals
- 2 - Faculty Member's response (optional)
- 3 - Improvement Plan, if required
- 4 - Work assignment for next year
- 5 - Mutually established academic goals for next year