

University of Tennessee Health Science Center
Summary of ANNUAL PERFORMANCE AND PLANNING REVIEW of faculty
 for the academic year ending June 30th, 2018

Form 1

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 attached to the narrative summary? | 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

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 as of 2018 is attached to this Form.	
Yes	No

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

Mission

Assigned Percent Effort

Check if Not Applicable

Teaching	%
Research/Creative & Other Scholarly Activities	%
Clinical Care	%
Service/Outreach	%

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

*Requires Form 9: Annual Review Improvement Template to be attached.

Distribution: Faculty Member
 Department Files
 Dean
 Chief Academic Officer

Order of Attachments

- 1 - Chair's narrative summary of previously established academic goals
- 2 - Faculty Member's response (optional)
- 3 - Form 9: Annual Review Improvement Template, if required
- 4 - Work assignment for next year
- 5 - Mutually established academic goals for next year