

University of Tennessee Health Science Center
Summary of ANNUAL PERFORMANCE AND PLANNING REVIEW
of Department Chairs & College Administrators
for the academic year ending June 30th, 2018

Form 11

Name _____ Faculty Rank _____

Department _____ College _____ Indicate appropriate designation Tenured
Full-time _____ Administrative _____ Tenure Track
Part-time _____ % if part-time _____ Title _____ Nontenure Track

1. Date of interview between Dean and Chair/Administrator _____
2. Is the Dean'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 Dean reviewed the Chair/Administrator's Outside Interests Disclosure form? Yes No

3. Dean's interview summary and evaluation was provided to the Chair/Administrator on: _____

4. Is Chair/Administrator's optional response to the Dean's evaluation attached? Yes No N/A

5. Overall performance rating

<u>Rating</u>	<u>Chair/Administrator</u>	<u>Dean</u>
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

<u>Mission</u>	<u>Assigned Percent Effort</u>	<u>Check if Not Applicable</u>
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.

Department Chair/College Administrator

Date

Dean

Date

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

Distribution: Chair/Administrator
Department Files
Dean
Chief Academic Officer

Order of Attachments

- 1 - Dean's narrative summary of previously established academic goals
- 2 - Chair/Administrator'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