

Annual Review Improvement Template⁽¹⁾ for the academic year ending June 30th, 2017

Form 9

Faculty Member Name	Rank	Tenure Status	Department	College	Personnel Number
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APPR Rating _____ Needs Improvement for Rank Unsatisfactory for Rank	Date of the annual review triggering this plan	Relevant area(s) of concern for this plan (check all applicable) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Teaching</td> <td style="border: none;"><input type="checkbox"/> Scholarly Activities</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Service</td> <td style="border: none;"><input type="checkbox"/> Patient Care</td> </tr> </table>	<input type="checkbox"/> Teaching	<input type="checkbox"/> Scholarly Activities	<input type="checkbox"/> Service	<input type="checkbox"/> Patient Care
<input type="checkbox"/> Teaching	<input type="checkbox"/> Scholarly Activities					
<input type="checkbox"/> Service	<input type="checkbox"/> Patient Care					

Planned ongoing quarterly assessments (month/year)	#1	#2	#3	Final Assessment and Evaluation <table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">month</td> <td style="border: none; text-align: center;">year</td> </tr> </table>	_____	_____	month	year
_____	_____							
month	year							

Description of Specific Performance Concern	Specific Performance, Results &/or Outcomes to be Achieved to Address Concern	Activities, Resources &/or Actions to Accomplish Outcomes (2)	Metrics to Assess Ongoing Progress	Metrics to Evaluate Achievement	Met or Not Met + Date
1.					
2.					
3.					
4.					

Notes: (1) Add more rows if needed (2) Additional narrative should be included on an attached page (3) Attach APPR that triggered plan.

<u>Initial Plan Development</u>	
Faculty Member Signature	Date
Department Chair Signature	Date
Dean Signature	Date

<u>Final Review of Plan</u>	
Faculty Member Signature	Date
Department Chair Signature	Date
Dean Signature	Date

- (1) The UT Board of Trustees Policy Governing Academic Freedom, Responsibility and Tenure (Revised 19 June 2003, 16 March 2006), Section G., Item 1, states “Within 30 days of the annual review, any faculty member rated Needs Improvement for Rank or Unsatisfactory for Rank must collaborate with the Head on an Annual Review Improvement Plan to be reviewed by the Head and recommended by him/her to the Dean for review and approval/denial. The next year’s annual review must include a progress report that clearly describes improvements in any area(s) noted as Needs Improvement for Rank or Unsatisfactory for Rank.” The UTHSC Faculty Handbook concurs with this.
- (2) Resources/institutional support may include, but is not limited to, people (mentor/guide, chair, director, committee), financial, time (including percent effort allocation adjustments), internal/external resources (Teaching and Learning Center, conferences, workshops), and other resources.

IMPORTANT NOTE: Do NOT use tabs when filling out this form.