James B Edwards College of Dental Medicine

Faculty Annual Evaluation

**FISCAL YEAR 2019**

Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* updated CV to be submitted along with this form prior to completing the evaluation

1. **TEACHING** (Curriculum Support/Instructional Development/Academic Consultation/ Mentoring)

2019 Teaching goals:

 \*

 \*

Faculty activity/comments:

|  |
| --- |
|  |

 Please add documentation for teaching: e-value scores, self-evaluations, peer evaluations\_\_\_\_\_\_\_\_\_\_\_\_\_

 2020 Teaching Goals:

 \*

 \*

**2. RESEARCH/SCHOLARLY ACTIVITY** (Presentations/Publications/Patents/ Research efforts)

 2019 Research/Scholarly Activity Goals

 \*

 \*

 Faculty activity/comments:

|  |
| --- |
|  |

 2020 Research/Scholarly Activity Goals:

 \*

 \*

**3. PROFESSIONAL GROWTH**  (faculty development)

 2019 Professional Growth Goals

 \*

 \*

Faculty activity/comments:

|  |
| --- |
|  |

 2020 Professional Growth Goals:

 \*

 \*

**4. SERVICE/ADMINISTRATIVE ACTIVITY** (Committees/Editorial Boards/reviewer/CE/Seminars /Leadership/Supervision/Management/Mentoring)

 2019 Service/Administrative Activity Goals

 \*

 \*

 Faculty activity/comments:

|  |
| --- |
|  |

 2020 Service/Administrative Activity Goals:

 \*

 \*

**5. CLINICAL/PROFESSIONAL PRACTICE** (Faculty practice/Consulting)

 2019 Clinical/Professional Practice Goals

 \*

 \*

 Faculty activity/comments:

|  |
| --- |
|  |

 2020 Clinical Professional Practice goals

 \*

 \*

**6. OTHER**

 2019 Other Goals

 \*

 \*

Faculty activity/comments:

|  |
| --- |
|  |

 2020 Other Goals:

 \*

 \*

Summary:

 Evaluator narrative (address strengths, areas for improvement, goals achieved/not achieved)

|  |
| --- |
|  |

Name /Title of evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Score**

0 - unacceptable 1 - marginal 2- satisfactory 3 - very good 4 - outstanding

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | Self evaluation | Evaluation by supervisor |  | **Current Contract**  | % effort |
|  |  |  |  | Teaching |  |
| Teaching |  |  |  | Scholarly Activity |  |
| Research/Scholarly Activity |  |  |  | Research |  |
| Professional Development |  |  |  | Service |  |
| Service/Administration |  |  |  | Administrative Activity |  |
| Clinical/Professional Practice |  |  |  | Clinical/Prof Practice |  |
| Other |  |  |  | Other |  |
|  |  |  |  |
| Total (on scale of 0-4) |  |  |  |

Faculty comments:

|  |
| --- |
|  |

\* If the % effort needs to be changed on the upcoming (new) contract please be sure to indicate this and be sure the Dept Chair and the Dean’s office is informed of such

|  |  |  |
| --- | --- | --- |
|  | Signature | Date |
| Faculty  |  |  |
| Division Director |  |  |
| Chair |  |  |
| Dean |  |  |