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| **Faculty Name:** |  |
| **Area of Excellence:** | **Teaching** **Research** **Service** **Unknown or N/A** |
| **Academic Department:** |  |
| **IUSM Campus:** |  |
| **Date of Review:** |  |
| **Review Period:** |  |

**Instructions*:*** Before the annual meeting, faculty members complete Sections 1-5, be prepared to discuss Sections 6-7, and complete the self-assessment portion of Section 8. The chair, regional campus dean, director, or designee will complete the remaining sections at or after the annual review meeting.

1. **Teaching** *(courses/rotations, curriculum development and/or innovation, teaching awards and honors, mentoring, etc.)* Summarize your accomplishments, strengths, areas for improvement, and/or obstacles you have encountered:
2. **Research/Scholarship** *(all service, research, and education scholarship such as presentations, publications, grants awarded and submitted, research awards and honors, etc.)* Summarize your accomplishments, strengths, areas for improvement, and/or obstacles you have encountered:
3. **Service** *(department, school, university, discipline, patients, community, service awards and honors, etc.)* Summarize your accomplishments, strengths, areas for improvement, and/or obstacles you have encountered:
4. **Professionalism and Teamwork** *(collaboration, support, reliability, positive attitude, IUSM* [*Core Values*](https://medicine.iu.edu/about/mission-vision-values#:~:text=Certain%20behaviors%20are%20inherently%20destructive,at%20IU%20School%20of%20Medicine.) *and* [*Honor Code*](https://medicine.iu.edu/about/policies-guidelines/honor-code)*)* Summarize your accomplishments, strengths, areas for improvement, and/or obstacles you have encountered:
5. **Goals and Professional Development** Outline your goals and professional development plans for the coming year. These will be revisited during your next annual review to gauge your progress:
6. **Percent Effort in Applicable Mission Areas** *(there should be a mutual understanding between each faculty member and their chair, regional campus dean, or director about effort allocations. These should be reviewed annually).* Assign the percent of time you are supported in each of the following areas *(mark N/A when appropriate)*:

\_\_\_\_\_ Research \_\_\_\_\_Patient care

\_\_\_\_\_ Education \_\_\_\_\_ Administrative/institutional service

1. **Promotion and/or tenure readiness** Discuss and document a review of readiness and timeline for promotion and/or tenure:
2. **Overall Evaluation** *(REQUIRED FOR ALL FACULTY)*

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| **TEACHING**  (Choose one): | Well below expectations in productivity and/or quality | Below expectations in productivity and/or quality | Meets expectations | Above expectations in productivity and/or quality | Well above expectations in productivity and/or quality; gifted educator |
| Self-Assessment |  |  |  |  |  |
| Chair/Director/  Designee Assessment |  |  |  |  |  |

Chair/Director/Designee assessment of intellectual diversity criteria (REQUIRED for those with teaching effort) Check one:

|  |  |
| --- | --- |
|  | To the best of my knowledge, I affirm that this individual has met campus expectations for intellectual diversity |
|  | To the best of my knowledge, I affirm that this individual has not met campus expectations for intellectual diversity |
|  | To the best of my knowledge, this individual did not teach during this year of review |

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| **SERVICE**  (Choose one): | Well below expectations in quantity and/or quality | Below expectations in quantity and/or quality | Meets expectations | Above expectations in quantity and/or quality | Well above expectations in quantity and/or quality; exceptional service |
| Self-Assessment |  |  |  |  |  |
| Chair/Director/  Designee Assessment |  |  |  |  |  |

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| **SCHOLARSHIP/ RESEARCH**  (Choose one): | Well below expectations in productivity and/or quality | Below expectations in productivity and/or quality | Meets expectations | Above expectations in productivity and/or quality | Well above expectations in productivity and/or quality; highly productive and prolific |
| Self-Assessment |  |  |  |  |  |
| Chair/Director/  Designee Assessment |  |  |  |  |  |

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| **PROFESSIONALISM**  (Choose one): | Exhibits a pattern of unprofessional behavior | Exhibits some lapses in professional behavior | Meets expectations | Exhibits high standards of professional behavior | Exemplar of professional behavior |
| Self-Assessment |  |  |  |  |  |
| Chair/Director/  Designee Assessment |  |  |  |  |  |

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| **OVERALL**  **Evaluation**  (Choose one): | **Unsatisfactory** *(below or well below expectations)* | **Satisfactory**  *(meets or above expectations)* | | **Excellent**  *(well above expectations)* |
| Self-Assessment |  | With Improvements Needed | Maintain |  |
|  |  |
| Chair/Director/  Designee Assessment |  |  |  |  |

1. **Chair/regional campus dean/director summary***(If performance is below expectations in any area, this section must include a summary of the rationale and the improvements needed. Note that faculty can be assessed as below expectations in one or more mission areas and be given an overall satisfactory evaluation with improvements needed.)*
2. **Faculty Response to Chair Assessment and Summary/Narrative** *(optional)*

**Chair/Regional Campus Dean/Library Director Signature Date**

**Division Chief Signature** *(if applicable)* **Date**

**Primary Committee Chair** *(optional; recommended for tenure-track faculty)*  **Date**

**Faculty Member Signature Date**