**ANNUAL FACULTY EVALUATION REPORT FOR CLINICAL FACULTY**

Name:       CMU 700#:

Academic Department:      Evaluation Period: 2023

Faculty Rank: Choose an item. 12-month Faculty? [ ]  Yes [ ]  No

Review Year [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ] 6

**Note: You must attach your updated vita to this document.**

**Provide the weights you assigned to each factor for the year under review:**

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| Teaching  |       | % (range of 50-65%) |
| Scholarly Activity |       | % (minimum of 10%) |
| Service (includes advising) |       | % (minimum of 15%) |
| **Total**  |       | % (must equal 100%) |

**TEACHING**

List each course taught, including any independent study, internship, or structured research course that had a CRN (even if no student evaluations were completed). All fields are required for each course. You may add or delete rows as needed.

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| **Spring Courses** |
| **Course Number and Title** | **CRN** | **Enrollment** | **Course Evaluation****Median of Medians** | **Course Evaluation****Mean** | **Course Evaluation Response Rate** |
|       |       |       |       |       |      % |
|       |       |       |       |       |      % |
|       |       |       |       |       |      % |
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|       |       |       |       |       |      % |

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| **Fall Courses** |
| **Course Number and Title** | **CRN** | **Enrollment** | **Course Evaluation****Median of Medians** | **Course Evaluation****Mean** | **Course Evaluation Response Rate** |
|       |       |       |       |       |      % |
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| **Summer Courses (12-month faculty)** |
| **Course Number and Title** | **CRN** | **Enrollment** | **Course Evaluation****Median of Medians** | **Course Evaluation****Mean** | **Course Evaluation Response Rate** |
|       |       |       |       |       |      % |
|       |       |       |       |       |      % |
|       |       |       |       |       |      % |
|       |       |       |       |       |      % |

Document other activities below that contributed to your workload in teaching. **Note**: **Faculty are not required to engage in all activities listed below (e.g., teaching online/hybrid, teaching overloads).**

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|  | **Spring** | **Fall** |
| **Number of credit hours taught per semester (do not include overload)** |       |       |
| **Number of overload credit hours taught per semester** |       |       |
| **Number of distinct course preparations**  |       |       |
| **Number of in-person classes taught** |       |       |
| **Number of hybrid or online classes taught** |       |       |
| **Total enrollment in all classes (after drop/add)** |       |       |

Did you receive a peer evaluation of your teaching last year? [ ] Yes [ ] No

If yes, attach the evaluation to this form.

**Note: It is recommended that faculty in their first three years have a peer teaching evaluation annually.**

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| **List or describe additional teaching accomplishments based on departmental expectations. This could include participation in contributing to achieving or maintaining accreditation, Center for Teaching & Learning activities, other professional development, course or curricular modifications or improvements, and teaching innovation or improvement. You may also address any student comments here.** |
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| **You may use this space to describe your accomplishments in teaching or to provide contextual information pertinent to your responses in this section (OPTIONAL).** |
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| **Academic Department Head Evaluation and Comments** |
| **Weight for Teaching** |       % |
| **Evaluation Unsatisfactory (1)** **[ ]** **Below Expectation (2)** **[ ]** **Successful (3)** **[ ]** **Above Expectation (4)** **[ ]** **Exceptional (5)** **[ ]**  | Score (weight x eval)       |
| **Comments**      |

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| **VPAA Comments** |
| **Comments**      |

**PROFESSIONAL PRODUCTIVITY**

Provide your accomplishments this year in engagement in clinical practice, maintenance of certifications and licensures, remaining current with professional practice guidelines and incorporating current clinical practice knowledge into course content, or serving as a lead advisor on student capstone projects. Provide information about presentations given and/or manuscripts published as applicable under the section for additional ways you engaged in professional productivity.

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| **Professional Productivity** |
| **Professional Activity**  | **Type of Work** | **Average Hours Per Week (if applicable)** |
|       | Choose an item. |       |
|       | Choose an item. |       |
|       | Choose an item. |       |
|       | Choose an item. |       |

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| **List or describe additional ways you engaged in professional productivity.** |
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| **You may use this space to describe your accomplishments in professional productivity or to provide contextual information pertinent to your responses in this section (OPTIONAL).** |
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Did you receive a clinical practice engagement peer or employer evaluation last year? [ ] Yes [ ] No

If yes, attach the evaluation to this form.

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| **Academic Department Head Evaluation and Comments** |
| **Weight for Professional Productivity** |       % |
| **Evaluation Unsatisfactory (1) [ ]** **Below Expectation (2) [ ]** **Successful (3) [ ]** **Above Expectation (4) [ ]** **Exceptional (5) [ ]**  | Score (weight x eval)       |
| **Comments**      |

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| **VPAA Comments** |
| **Comments**      |

**SERVICE & ADVISING**

List and describe your service contributions, which may include those that contribute to the university, your department, your discipline, or the community. You may want to consider contributions to achieving and maintaining accreditation here.

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| **Service** |
| **Committee/Group/Activity** | **Service Type** | **Role**  | **Did you attend at least 80% of meetings?** | **On a scale from 1-10, rate your contribution to this activity.** |
|       | Choose an item. | Choose an item. | Choose an item. |       |
|       | Choose an item. | Choose an item. | Choose an item. |       |
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| **Student Advising, Recruiting, and Orientation Events** |
| **Programs Advised, Recruiting, or Orientation Event**  | **Number of Advisees/Attendees** | **Role**  | **Semester/Year (events only)** | **Estimate of time spent** |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |

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| **List or describe additional ways you engaged in service.** |
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| **You may use this space to describe your accomplishments in service and advising or to provide contextual information pertinent to your responses in this section (OPTIONAL).** |
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| **Academic Department Head Evaluation and Comments** |
| **Weight for Service** |       % |
| **Evaluation Unsatisfactory (1) [ ]** **Below Expectation (2) [ ]** **Successful (3) [ ]** **Above Expectation (4) [ ]** **Exceptional (5) [ ]**  | Score (weight x eval)       |
| **Comments**      |

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| **VPAA Comments** |
| **Comments**      |

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| **OVERALL RATING (ADH)** |
| **Overall Teaching Score**  |        |
| **Overall Professional Productivity Score**  |       |
| **Overall Service & Advising Score** |       |
| **TOTAL SCORE** |       |
| **OVERALL RATING** |       |
| **Academic Department Head Comments**      |
| **VPAA Comments**      |

**OVERALL RATING KEY**

**Exceptional:** The Faculty member’s performance is superior, far above what is required. Faculty member consistently exceeds highest standards (451-500 points).

**Above Expectation:** The Faculty member’s performance is consistently above normal expectations and standards (351-450 points).

**Successful:** The Faculty member’s performance is consistent with what is expected and considered acceptable (251-350 points).

**Below Expectation:** The Faculty member’s performance is generally below the minimum requirements for the job (151-250 points).

**Unsatisfactory:** The Faculty member’s performance does not meet minimum job requirements. Lack of improvement may result in disciplinary action (below 150 points).

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| **Employee Comments** |
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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Agree [ ]  Disagree [ ]  with my Performance Evaluation.
 (Employee’s Signature)

Date:

Program Director/Coordinator

Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Department Head’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

VPAA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_