Fiscal Year:

Name:

Department & Division:

Academic Rank & Years at Rank:

Track:

**Distribution of Effort:** Indicate percent of your time spent on the following activities (Total = 100%)

|  |  |  |  |
| --- | --- | --- | --- |
| % Research/Scholarship |  | % Clinical |  |
| % Teaching/Training |  | % Administrative |  |
| % Service |  | % Other (specify) |  |

**Last Year’s Goals and Progress made**

**1.**

**2**

**3.**

**Mentoring PROVIDED:** List mentoring responsibilities you have been involved in during the fiscal year. Please note if you need additional skills to mentor effectively. (You may attach additional pages.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Role** | **Mentee Role (students, fellows, faculty)** | **Number of Mentees** | **Additional Skills Needed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Mentoring RECEIVED:** List your community of mentors/professional development support at UI and other institutions (if applicable). What role does he/she play in your career development or developmental network?

|  |  |  |
| --- | --- | --- |
| **Department/Institution** | **Mentor Name** | **Role** |
|  |  |  |
|  |  |  |
|  |  |  |

**Research Support:**

List all grants **submitted and planned.** (You may attach additional pages.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source** | **Role (i.e., PI, Co-PI, Collaborator)** | **Award Period (dates)** | **Annual Direct Cost** | **Your Percent Funded Salary Effort** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Faculty Achievement:** List any specific achievements this fiscal year not noted above.

**Faculty and departmental issues:** List professional issues important for your academic development (e.g., need for departmental resources, faculty mentoring or other support) and issues that are important for the function of the department/division.

**Well-being goals and activities:** List personal/well-being issues important for your academic development. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability and active military service.

**Academic Goals:** List your Goals for the coming year.

Barriers: Identify possible obstacles to accomplishing the goals outlined above:

If applicable, please indicate by percentage of time, any change you would like to make to the distribution of effort listed on page one (1).

|  |  |  |
| --- | --- | --- |
| Increase time | % (specify) |  |
| Decrease time | % (specify) |  |

*Note: Any changes noted above will be taken into consideration but are not guaranteed.*

ASSISTANT and ASSOCIATE PROFESSORSN/A [ ]

The faculty member is (please check one of the following options from a, b, or c):

1. On track to be promoted. [ ]
2. On track for promotion in general but needs to raise performance in the area(s) noted below. [ ]
3. Not on track for promotion. Progress is not satisfactory in the area(s) listed in section (#) below. [ ]

Areas where the faculty member need to raise performance (b) or progress is not satisfactory (c):

FULL PROFESSORS N/A [ ]

Is current productivity consist with academic rank (i.e., is the faculty member meeting the requirements for a full professor as described in (cite manual as appropriate)?

Yes [ ]  No [ ]

If no, please explain:

FACULTY NOT MEETING EXPECTATIONS AND IN NEED OF IMPROVEMENT ONLY

The following items(s) are recommended for improvement:

1. Develop plan with division director/department chair to meet goals outlined in the Reviewer Summary below. [ ]
2. *Tenured faculty only:* Performance is substantially below goals and expectations for the unit as described in (cite appropriate section of manual). Recommend additional in-depth review by elected, tenured peer-review department committee and subsequent performance improvement plan. (See cite appropriate section(s) of appropriate university policy.) [ ]

REVIEWER SUMMARY

Additional comments:

Department chair or proxy has reviewed the above evaluation with the faculty member: Yes [ ] No [ ]

Faculty Comments:

I have met with my department chair/division director or designee and reviewed the written evaluation. Yes [ ]  No

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Faculty member signature Division Director signature (if applicable)

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair signature

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Department Chair comments (optional):