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

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

Faculty member signature Division Director signature (if applicable)

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

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

Department Chair signature

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

Additional Department Chair comments (optional):