**DEPARTMENT HEAD’S APPRAISAL OF INDIVIDUAL FACULTY**

**Faculty Member: Rank: Number of Years at Rank:**

**Department: Evaluation Period:** January 1, 2023 thru December 31, 2023

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**Faculty ‘s % of Effort** Responsibility Based on the expectations and the set goals, rate this faculty member as: **Partially Successful/Need Improvement (NI), Successful/Effective Performance (EP), Superior/Highly**

**(from Allocation of Effort) Effective Performance (HE), Distinguished Performance and Role Model Status (DP)**

**\_\_\_\_\_\_% Teaching Teaching \_\_\_\_\_\_\_**

**\_\_\_\_\_\_% Scholarship Scholarship \_\_\_\_\_\_\_**

**\_\_\_\_\_\_% Service Service \_\_\_\_\_\_\_**

**\_\_\_\_\_\_% Outreach & Extension Outreach & Extension \_\_\_\_\_\_\_**

**100 % OVERALL (Regardless of FTE) OVERALL \_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Annual Performance Evaluation

Written Summary: Where appropriate, point out those areas where the faculty member has excelled or those areas that can be improved or that need improvement. Provide a *concise* justification for each component of the appraisal.

**Teaching and Advising:**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Scholarship and Creative Activities:**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Service:**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Outreach & Extension:**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Overall Appraisal:**

Progress Review for Tenure & Promotion

Please complete this section for faculty members who need to be annually assessed for progress towards P&T. This section is required for untenured tenure-track faculty members.

**Progress Review towards tenure and promotion:**

**Progress Recommendations:**

Acknowledgement Signatures

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Department Head’s Signature / Date**

**I acknowledge receipt of this evaluation:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Faculty Member’s Signature / Date**