

**DEPARTMENT HEAD’S APPRAISAL OF FACULTY**

**Calendar Year 2021**

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

**Department: Evaluation Period:** *January 1, 2021 – December 31, 2021*

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**Faculty’s % of** Responsibility Based on the expectations and the set goals, rate this faculty member as: **Needs Improvement (NI), Meets**

**(from Allocation of Effort) Expectations (ME), Exceed Expectations (EE), or Exemplary (EX).**

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

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

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

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

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

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

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 justifications for each component of the appraisal. **Please include a discussion of how the efforts have contributed to the department’s efforts towards LEADS 2025.** Please limit each section to 2-3 paragraphs at most.

**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

By signing below, the faculty member acknowledges that the above evaluation has been presented and discussed.

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

**Department Head’s Signature / Date**

**I acknowledge receipt of this evaluation:**

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

**Faculty Member’s Signature / Date**