

**University of South Carolina School of Medicine
Status of Progress Form**

Basic Science Unit

Name: _____ Rank: _____

Department: _____ Date Employed: _____

Date of Rank: _____ Date of Tenure: _____ Date of Review: _____

The following status of progress toward promotion and/or tenure is made based on performance in the areas of teaching, research, and service as detailed in the Basic Science Unit's procedures and criteria document for promotion and tenure.

MAKING REASONABLE PROGRESS TOWARD PROMOTION: _____ **Yes**
 _____ **No**
 _____ **NA**

MAKING REASONABLE PROGRESS TOWARD TENURE: _____ **Yes**
 _____ **No**
 _____ **NA**

Faculty Member: _____ Date: _____

Department Chair: _____ Date: _____

(Signature by the faculty member does not necessarily mean he/she agrees with the status of progress.
 The faculty member may append to this document a brief comment on the Chair's evaluation.)

**University of South Carolina School of Medicine
Annual Faculty Evaluation Document**

Calendar Year: _____

Faculty Member: _____

Tenure Status: _____

Rank: _____

Department:

Percent Effort:

- | | |
|-------------------------------|-------------|
| • Teaching | _____ |
| • Research/Scholarly Activity | _____ |
| • Service/Patient Care | _____ |
| TOTAL | 100% |

A. This Year's Current Teaching Assignments/Teaching Load Activities:

1a. List below the formal instruction you provided during the reporting period.

	COURSE # & TITLE	SEMESTER	# OF STUDENTS	CONTACT HOURS* LAB / LECTURE	Overall Student Evaluations (on a scale of 1-5)

*ACTUAL HOURS OF SCHEDULED INSTRUCTION

**1b. Summary of Peer Evaluations of Teaching:
(Required annually for non-tenured, tenure-track faculty)**

1c. List courses for which you were director.

2. List below undergraduate students for whom you were primary advisor.

3. List below Predoctoral or M.S. Trainees for whom you were primary advisor.

4. List below Residents / Post-doctoral Fellows / Junior faculty trainees for whom you were primary advisor.

5. List below medical, other professional students, rotating graduate students, summer students or any other students you supervised (other than those already listed)

6. List any awards received by students / Fellows / Residents / Junior Faculty whom you supervised.

7. Participation in CME / Faculty Development Program:

8. Other Teaching or Mentoring Related Activities (List):

9. Assessment of This Year's Teaching Performance:

1. Classroom Instruction	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
2. Undergraduate Students	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
3. Pre-doctoral Students	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
4. Residents / Post-doctoral Fellows	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
5. Other Students	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
6. Student / Fellow Awards	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
7. CME/Faculty Development	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
8. Other Activities	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA

(Note: 0 = Unsatisfactory, 1 = Adequate, 2 = Substantial, 3 = Outstanding)

0 1 2 3 NA

10. Overall Teaching Assessment:

11. Comments of Department Chair or Equivalent:

B. This Year's Current Research/Scholarly Activities:

1. List all Active grants/contracts during the reporting period.

Funding Source	Role: PI / Co-PI / Co-I	% Effort	Title and Agency #	Funding Period	Total Cost / Current Year

2. List all Pending / Submitted grant applications during the reporting period.

Funding Source	Role: PI / Co-PI / Co-I	% Effort	Title and Agency #	Funding Period	Total Cost

3. List any disclosure / patent applications submitted or patents received.

Inventor(s)	Title	Status (Submitted or pat.#)

4. List your Refereed Publications (include papers accepted or 'in press', but do not include

Abstracts) Use PubMed format to include: Names of all Authors, Title, Journal Name, Volume, Pages and Year.

5. List all Books/Book Chapters;

6. List all Presentations at Scientific Meetings (include Abstracts):

7. List your external invited lectures, visiting professorships, workshops, seminars
(Include: Institution, Date(s), Description of the Assignment, Titles)

8. Other Research / Scholarly Activities (List):

9. Assessment of This Year's Research / Scholarly Performance:

1. Active Grants	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
2. Pending / Submitted Grants	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
3. Patents / Disclosures	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
4. Refereed Publications	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
5. Books/Book Chapters	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
6. Presentations at Meetings	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
7. External invited lectures	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA
8. Other Research Activities	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> NA

(Note: 0 = Unsatisfactory, 1 = Adequate, 2 = Substantial, 3 = Outstanding)

10. Overall Research/Scholarly Activity Assessment: 0 1 2 3 NA

11. Comments of Department Chair or Equivalent:

C. **This Year's Current Service / Patient Care Activities:**

1. **Departmental / SOM / University**

Name of the Committee	Role in the Committee	Dates of Appointed Term

2. **Institutional Administrative Activities:**

3. **Patient Care:**

4. **Citizenship and Professionalism** (e.g. attendance at faculty meetings, seminars, grand rounds, integrity, good judgment, and reasonable cooperation with others):

5. **List all Extramural Professional Service** (e.g., grant reviews, membership on grant review panels, manuscript reviews, editorial boards, professional associations, etc.)

6. **Other Service related Activities:**

7. **Assessment of This Year's Service / Patient Care Performance:**

- | | | | | | |
|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| 1. Committees(Dept. /SOM) | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> NA |
| 2. Administrative Activities | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> NA |
| 3. Patient Care | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> NA |
| 4. Citizenship | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> NA |
| 5. Extramural Professional Service | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> NA |
| 6. Other Service Activities | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> NA |

(Note: 0 = Unsatisfactory, 1 = Adequate, 2 = Substantial, 3 = Outstanding)

8. **Overall Service/Patient Care Assessment:** 0 1 2 3 NA

9. **Comments of Department Chair or Equivalent:**

Summary

A. Summary Weighted Assessment of This Year's Performance:

	<u>% Effort</u> x	<u>Overall Assessment</u> (0-3)	
Teaching	_____	_____	_____
Research/Scholarly Activity	_____	_____	_____
Service/Patient Care	_____	_____	_____
<u>TOTAL SCORE</u>			_____

B. Summary Assessment of This Year's Performance: 0 1 2 3

(Note: 0=Unsatisfactory, 1=Adequate, 2=Substantial, 3=Outstanding)

C. Summary Comments of Department Chair or Equivalent:

D. Faculty Member's Comments:

EVALUATION:

Faculty Member

Date

Department Chair or Equivalent

Date

Dean or Designee

Date

(Signature by the faculty member does not necessarily mean he/she agrees with the evaluation. The faculty member may append to this document a brief comment on the Evaluator's evaluation.)

Approved by the Provost on Feb 2008.

**University of South Carolina School of Medicine
Annual Faculty Planning Document**

Calendar Year: _____

Faculty Member: _____

Tenure Status: _____

Rank: _____

Department:

Percent Effort:

- | | |
|-------------------------------|-------------|
| • Teaching | _____ |
| • Research/Scholarly Activity | _____ |
| • Service/Patient Care | _____ |
| TOTAL | 100% |

Planning Document

1. Teaching:

a) List any changes in your teaching load for the coming year.

b) List any new graduate students / post doctoral fellows / Residents / Junior faculty / other students that you plan to mentor.

2. Research:

a) Describe plans for submission of new grants / contracts/ proposals.

b) Estimated number of publications.

c) Any other significant research activity planned.

3. Service:

a) Describe any new committee assignments Dept. / SOM / University

b) Service on any new review panels, study sections, editorial boards, elected offices etc.

PLANNING STAGE:

Faculty Member

Date

Department Chair or Equivalent

Date

Dean or Designee

Date