

University of South Carolina School of Medicine Annual Faculty Evaluation and Planning Document

Calendar Year: _____

Faculty Member: _____

Tenure Status: _____

Rank: _____

Percent Effort:

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

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

1. Undergraduate Students

2. Medical Students

3. Graduate Students

4. Residents/Fellows/Postdoctoral Students

5. CME/Faculty Development

6. Other Activities (List)

C. Assessment of This Year's Performance:

0 1 2 3 NA

1. Undergraduate Students
2. Medical Students
3. Graduate Students
4. Residents/Fellows
5. CME/Faculty Development
6. Other Activities (List)

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

D. Summary of Student Evaluations of Teaching:

(Required annually)

E. Summary of Peer Evaluations of Teaching:

(Required annually for non-tenured, tenure-track faculty)

F. Overall Teaching Assessment:

0 1 2 3 NA

G. Comments of Department Chair or Equivalent:

C. Assessment of This Year's Performance:

0 1 2 3 NA

1. Current Grants/Contracts
2. Grants/Contracts Submitted
3. Refereed Publications
4. Books/Book Chapters
5. Presentations
6. Abstracts
7. Other Activities (List)

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

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

E. Comments of Department Chair or Equivalent:

C. Assessment of This Year's Performance:

	0	1	2	3	NA
1. Committees					
2. Administrative Activities					
3. Patient Care					
4. Citizenship					
5. Extramural Professional Service					
6. Other Activities (List)					

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

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

E. Comments of Department Chair or Equivalent:

IV. Summary

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

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

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

	<u>% Effort</u> x	<u>Overall Assessment (0-3)</u>	= <u>Score</u>
• Teaching			
• Research/Scholarly Activity			
• Service/Patient Care			

TOTAL SCORE

C. Summary Comments of Department Chair or Equivalent:

D. Faculty Member's Comments:

PLANNING STAGE:

Faculty Member

Date

Department Chair or Equivalent

Date

Dean or Designee

Date

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 2/16/99