College of Health Sciences

University of Kentucky

Faculty Performance Review

July 2024 – Jun 2025

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty Name:** |  | | | |  | **UK ID Number:** | Auto populates BUT check. Some have changed contract periods over the last year |
| **Academic Program:** | | |  | |  |  |  |
| **Contract Period (10, 11, 12 mos.):** | | | |  |  |  |  |
| **Rank/Title Series:** | |  | | |  |  |  |

**Overall Honors and Awards**

|  |
| --- |
| Enter overall awards here even if entered under categories |

# Review Summary (Final Summary to be completed by Chair; drafts completed by Division/Program Director)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Area of Effort** | **% Distribution of Effort** | | | | | **Rating**  Cha  i  r | | |
| **Fall 2023]** | **Spring**  **2024** | **Fall**  **2024** | **Spring**  **2025]** | **Overall**  Auto populates BUT check. If one year review, will only have the two columns from 2024-2025 | |  |
| I. Instruction |  |  |  |  |  | |  |
| II. Research |  |  |  |  |  | |  |
| III. Service (including patient care unrelated to instruction) |  |  |  |  |  | |  |
| IV. Administration |  |  |  |  |  | |  |
| V. Professional Development |  |  |  |  |  | |  |
|  |  |  |  |  | **Overall Rating** |  | | |

# Note 3: Select rating: Exceptional Contribution; Exceeds Expectations; Reasonable and Positive Contribution; Needs Improvement; Failed to Make a Reasonable Contribution.

# Evaluator's Narrative:

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| Chair Completes |

[ ] **I accept this evaluation**

yOUyou

[ ] **I disagree and may appeal this evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Faculty Member Signature:** | |  |  | **Date:** |  |
| **Chair Signature:** |  | |  | **Date:** |  |
| **Dean Signature:** |  | |  | **Date:** |  |

I. Instruction Overall DOE Allocation: auto%

Auto populates

A. Teaching and Advising Honors and Awards

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| Populates **if in** FS, but check! Tell FS rep if not there or incorrect |

B. Teaching Portfolio Evaluation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TEACHING EVALUATION**   |  |  |  | | --- | --- | --- | | Criteria | Included | Remarks | | Reflective statement which describes teaching and advising assignments. |  | Should be available (Chair may or may not ask you to submit, but good to update and get feedback – especially for pre-tenure faculty) | | List of all courses taught, including title, course number, number of students enrolled, and a brief description. |  | Populates below | | Representative course syllabi. |  | Chair should have these already and unlikely to request but check | | A quantitative and qualitative summary of student evaluations. |  | Chair should have these, but they are part of teaching portfolio, so you may wish to add. | | Other: |  |  |   **ADVISING EVALUATION**   |  |  |  | | --- | --- | --- | | Criteria | Included | Remarks | | Reflective statement which describes the nature and extent of advising. |  | Again, part of teaching portfolio – check with Chair | | The number and level of undergraduate and graduate advisees, and a list of all master’s and doctoral students for whom the instructor served as a member of a committee. |  | This is really covered below | | A list of those students for whom the professor served as preceptor, or director of a thesis or dissertation. |  | This is really covered below | | Summary of activities associated with student organizations and service on student-faculty committees. |  | BRIEFLY add if appropriate | | Student evaluation of advising. |  | Check with Department Chair | | Other: |  |  | |

Auto populates except TCE for Qualtrics – Add Qualtrics

C. Teaching

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Course Prefix / #** | **Course Name** | **Credit Hrs.** | **# of Students Enrolled** | **% Resp.** | **TCE Course Quality Mean** | **TCE Teaching Quality Mean** | **Remarks**  (special course or topics; unique circumstances; alternative eval for small classes, etc. |
| **10 Fall 2024** | . |  |  | Should have auto-populated d |  |  |  | Brief comments here about above. |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Auto populates except TCE for Qualtrics – Add Qualtrics |  | Auto populates except TCE for Qualtrics – Add Qualtrics |  |  |
|  |  |  |  | These will require that you enter because they will not be available until after form was pulled. |  |  |  |  |
| **30 Spring 2025** |  |  |  |  |  |  |  |  |
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Other Credit and Non-Credit Instruction

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| --- | --- | --- | --- | --- |
| **Instruction Type** | **Description/Topic** | **Course Title** | **Begin/End Dates** | |
| Add if appropriate |  |  |  |
|  |  |  |  |
|  |  |  |  |

D. Advising

|  |  |  |
| --- | --- | --- |
| **Type of Advisees/Activity** | **Number of Students** | **Remarks** (student names, special activities or circumstances) |
| Undergraduate Students |  | Just number |
| Graduate Students / Academic |  | Just number for general advising |
| Professional Students / Academic |  | Just number for general advising |
| Capstone Project Committee Chair |  | Number and names |
| Capstone Project Committee Member |  | Just number |
| Master's Thesis - Chair |  | Number and names |
| Master's Thesis - Committee |  | Number and names |
| Ph.D. Committee - Chair |  | Number and names |
| Ph.D. Committee - Co-Chair |  | Number and names |
| Ph.D. Committee – Committee member |  | Number and names |
| Postdoctoral Students / Fellows |  | Number and names |
| Directed Student Learning (excluding theses, dissertations and postdoctoral supervision |  | Number and names |

E. Faculty Remarks

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| --- |
| (Include additional teaching and advising activities not listed; non-sponsored educational enhancement grants or educational grants from other sources; sponsored instruction; substantive curriculum revision or development, continuing education offerings, student advising evaluations, etc.) Really use this section – |

F. Evaluator Remarks

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| --- |
| (Include comments about faculty performance in instruction, suggested areas for improvement, etc.)  Chair Completes |

II. Research Overall DOE Allocation: CORRECT IF NEEDED

A. Research Honors and Awards

Populates if in FS, but check! Tell FS rep if not there incorrect

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| --- |
|  |

B. Grants and Contracts

Proposals Submitted (OSPA)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Role**  (PI/Co) | **% Time Allocated** | **Sponsor** | **Total $ Value** | **Duration**  (start/end dates) | **Status**  (pending, not funded) |
|  |  |  |  |  |  |  |

Populates but often incomplete. **Please complete**.

Proposals Newly Awarded / In Force (OSPA)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Role**  (PI/Co) | **% Time Allocated** | **Sponsor** | **Total $ Value** | **Duration**  (start/end dates) | **Status / Remarks** |
|  |  |  |  |  |  |  |

Research Grants (Non-OSPA)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Role**  (PI/Co) | **% Time Allocated** | **Sponsor** | **Total $ Value** | **Duration**  (start/end dates) | **Status / Remarks** |
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C. Other Research and Scholarship activities during review period (list under appropriate heading using APA or AMA style)

1. Refereed journal articles published

Populates if in FS, but check! Add them and tell FS rep if not there incorrect

2. Refereed journal articles in-press or accepted for publication (not to include accepted w/ revisions)

3. Books published or in press

4. Book chapters published or in press

5. Intellectual property (e.g., patents & copyright)

6. Published reviews, commentaries, reports, etc.

7. Abstracts, conference presentations or papers (Not including invited presentations)

*National*

8. Invited presentations/Speaking Engagements

*National*

*State*

*Local*

*University*

*Other*

9. Innovative instructional materials, teaching technologies or aids, clinical tools published

D. Faculty Remarks

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Include additional research or scholarly activities not listed, special considerations, etc.)  **ADDITIONAL RESEARCH PROJECTS IN PROGRESS**   |  |  | | --- | --- | | Name of research project | Progress to date (please be specific) | |  |  | |  |  | |  |  | |

E. Evaluator Remarks

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| --- |
| (Include comments about faculty performance in scholarly activities, suggested areas for improvement, etc.)  Chair completes |

III. Service Overall DOE Allocation: CORRECT IF NEEDED

A. Service Honors and Awards

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|  |

B. University Committee/Task Force Activities

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| --- | --- | --- | --- | --- |
| **Level** | **Committee / Task Force Name** | **Role** | **Duration** | **Remarks** |
|  |  | Entire AREA populates if in FS, but check! Tell FS rep if not there or incorrect. Specifically look at ending dates |  | Add remarks if appropriate |
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C. Community Service activities related to your professional expertise & mission of the university

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| --- | --- | --- | --- | --- |
| **Activity** | **Agency or Sponsor** | **Role** | **Duration** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  | Only if related to expertise and mission |
|  |  |  |  |  |

D. Professional Service activities (List under relevant section; indicate whether local, regional, national, or international)

1. Professional Organization Membership

2. Offices held and committee memberships; ad-hoc committees (e.g., conference organization)

3. Journal editor or reviewer; book reviewer as appropriate

Populates if in FS, but check and insert any missing! Tell FS rep if not there or incorrect

If unfamiliar to Chair, you might describe

4. Grant review panel/study section participant or chair

5. Accreditation site visit or external program reviewer

E. Consulting activities (list program or organization; describe activity; time involved)

F. Media contributions (e.g., interviews, editorial written, etc.)

G. Patient Care

Clinical Practice (Direct Patient Care)

*\* Provide Evaluation Letter from primary supervising physician/practitioner with Performance Evaluation Packet*

H. Faculty Remarks

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| (Include additional service and patient care activities not listed, special considerations, etc.)  Comments as appropriate. |

I. Evaluator Remarks

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| --- |
| (Include comments about faculty performance in service, suggested areas for improvement, etc.)  Chair completes |

IV. Administration Overall DOE Allocation: CORRECT IF NEEDED

A. Administration Honors and Awards

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B. Administrative Assignment (Department Chair, Division/Program Director, Director of Graduate Studies, etc.)

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| --- | --- | --- |
| **Assignment** | **DOE Allocation** | **Remarks** |
|  |  | Should populate but check |
|  |  |  |

C. Faculty Remarks

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| --- |
| (Include additional official administrative activities not listed, special considerations, etc.) |

D. Evaluator Remarks

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| --- |
| (Include comments about faculty performance in administration, suggested areas for improvement, etc.)  Chair completes |

V. Professional Development Overall DOE Allocation:

A. Professional Development Honors and Awards

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|  |

B. Professional Development Activities

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| --- | --- | --- | --- |
| **Activity** | **% DOE** | **Start/End Date** | **Remarks** |
| Sabbatical |  |  |  |
| Education |  |  | Progress in coursework, quals, dissertation, etc. |
| Other Leave |  |  | Type of leave, activities |

C. Professional conferences and other continuing education events attended

|  |
| --- |
| You may paste from CV if desired by you or Chair |

D. Faculty Remarks

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| (Include additional professional development activities not listed, special considerations, etc.)  Consider including if you specifically worked with CELT or a mentor |

E. Evaluator Remarks

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| --- |
| (Include comments about faculty performance in scholarly activities, suggested areas for improvement, etc.)  Chair completes |

**VI. Other Contributions to Statements of Evidence**

A.

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| (Please provide any additional information regarding effort related to Statements of Evidence |