



Faculty Performance Review Summary

Name: _____ Date: _____

Midpoint 5 Year Review Follow Up On 5 Year PT Follow Up on Annual

1. **Teaching:** Performance Rating: ___ Exemplary (5) ___ Satisfactory (3 & 4) ___ Needs Improvement (1 & 2)

Student Evals. _____

Context: _____

Peer Evals. _____

Department Head Evals: _____

Innovations: _____

Awards: _____

2. **Scholarship:** Performance Rating: ___ Exemplary (5) ___ Satisfactory (3 & 4) ___ Needs Improvement (1 & 2)

Peer Review Publications: (1) _____

(2) _____

Additional: _____

Grants Applied: Number _____ \$ _____

Grants Awarded: Number _____ \$ _____

Peer Invited Creative Activity: _____

Other Contributions: _____

3. **Service:** Performance Rating: ___ Exemplary (5) ___ Satisfactory (3 & 4) ___ Needs Improvement (1 & 2)

To Students: _____

To University: _____

To Community: _____

To Profession: _____

Awards (Services): _____

Awards (Student Success): _____

4. **Individuals with a "Needs Improvement" in any ratings require a Professional Development Plan.**

Prepared By: _____ Reviewed by: _____
Department Head Dean

SE – Student Evaluation

PE – Peer Evaluation

DHE – Department Head Evaluation