

10-25-1990

SR-90-91-(10)163 (FPC)

Marshall University

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FACULTY PERSONNEL COMMITTEE
Recommendation

SR-90-91-(10)163 (FPC)

To approve the attached Annual Report of Faculty Member form:

FACULTY SENATE PRESIDENT:

APPROVED BY SENATE: Kathryn Reigel DATE: 10/25/90

DISAPPROVED BY SENATE: _____ DATE: _____

UNIVERSITY PRESIDENT:

APPROVED: Q. B. Fuld DATE: 1/11/90

DISAPPROVED: _____ DATE: _____

COMMENTS:

SR-90-91-(10)163 (FPC)

ANNUAL REPORT OF FACULTY MEMBER

TO BE FILLED OUT BY FACULTY MEMBER. ALL DATA SHOULD BE REPORTED FOR THE PERIOD FROM SEPTEMBER 1 THROUGH AUGUST 31 OF THE REPORTING PERIOD. FACULTY MEMBERS MAY ADD ADDITIONAL INFORMATION IF THEY SO DESIRE. ADDITIONAL SHEETS MAY BE ATTACHED AS NECESSARY. ALL RESPONSES SHOULD BE TYPED. ALL SECTIONS AND ATTACHMENTS SHOULD BE FORWARDED.

Reporting Period _____ Date _____

Name of Faculty Member _____

School and/or College _____ Dept. _____

Years at Marshall (including present year) _____

Rank: Professor _____	Tenured _____	Full-time _____
Associate Professor _____	Non-tenured _____	Part-time _____
Assistant Professor _____	Temporary _____	
Instructor _____		

Does faculty member have terminal degree appropriate to teaching field?
Yes _____ No _____

Graduate credits earned during the past year: _____ hours.

Name of institution at which hours were earned _____

If faculty member does not have terminal degree, indicate current status of graduate program:

No hours beyond master's degree: _____

Number of hours beyond master's degree toward terminal degree: _____

All work completed except dissertation: _____

Dissertation in progress: _____

Name of institution where doctoral program is being pursued: _____

INSTRUCTION AND ADVISING

1. List specific instructional activities and achievements for reporting period.

List new courses or programs developed and implemented during reporting period.

3. List specific activities in student advising.

4. Direction of Doctoral or Master's thesis(es), reading for honors, or significant student research projects.

SCHOLARLY AND CREATIVE ACTIVITY

5. List all professional publications for this reporting period by title, place or publication, and date:

List all creative works or performances with brief description and dates:

7. List all unpublished research by title and indicate briefly its purpose and magnitude:

8. List all professional consultation, including subject, client, dates:

9. List all professionally-related talks, including subject, date, and audience:

10. Recent institutes, courses, workshops, seminars, conferences and special meetings in which you participated, including name, place, and dates:

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11. List current memberships in professional societies:

12. List current offices or committee assignments in professional societies at state or national level:

13. Contributions to state, regional, or national professional meetings this year (papers presented, participation on panel, etc.):

14. List meetings of professional societies attended this year:

KAC

FACULTY MEMBER'S SELF EVALUATION
(Based on evaluation period just concluded)

Evaluation Period _____

Name of Faculty Member _____

Rank of Faculty Member _____ Tenured: Yes ___ No ___

I. Faculty Responsibilities: Analysis of Job Performance

A. Instruction/Advising: _____

B. Scholarly/Creative Activity: _____

C. Service to University: _____

D. Service to Community: _____

E. Professional Goals Other Than The Above: _____

II. Additional Achievements

This report represents my considered evaluation of my job performance for the period indicated above.

Date: _____

Faculty Member's Signature

By my signature I acknowledge that I have read and have received a copy of this report and have discussed its contents with the faculty member.

Date

Supervisor's Signature

SERVICE TO UNIVERSITY

15. Membership on university committees or participation in other activities on behalf of University or College:

16. Special departmental assignments:

SERVICE TO COMMUNITY

17. Service to the community related to professional discipline:

18. Other contributions:

The above is an accurate representation of my professional activities for this reporting period.

(Faculty Member Signature) Date: _____

SUPERVISOR'S EVALUATION OF FACULTY MEMBER
(Based on evaluation period just concluded)
Evaluation Period _____

Name of Faculty Member _____

Rank of Faculty Member _____ Tenured: Yes _____ No _____

I. Faculty Responsibilities: Analysis of Job Performance (with specific suggestions for improvement, goal accomplishment or further development)

A. Instructor/Advising

B. Scholarly/Creative Activity:

C. Service to University:

D. Service to Community:

E. Professional Goals Other Than The Above:

II. Additional Achievements

III. Overall Rating

Outstanding _____ Good _____ Satisfactory _____

Needs Improvement _____ Unacceptable _____

The above report represents the best professional judgment of the undersigned evaluator:

SIGNATURE OF EVALUATOR

POSITION

DATE

By my signature I acknowledge that I have read and have received a copy of this report and have discussed its contents with the evaluator:

DATE

FACULTY MEMBER'S SIGNATURE

PLANNING PAGE FOR FACULTY JOB PERFORMANCE
(To be completed prior to beginning of evaluation period)

Plan for Evaluation Period _____

Name of Faculty Member: _____

Rank of Faculty Member: _____ Tenured: Yes ___ No ___

I. Faculty Responsibilities

A. Instruction/Advising:

B. Scholarly/Creative Activity:

C. Service to University:

D. Service to Community:

E. Professional Goals Other Than The Above:

II. Resources Needed to Accomplish Above

The above goals, dependent upon availability of resources, have been agreed upon by the undersigned:

Date: _____

Faculty Member's Signature

Evaluator's Signature

Evaluator's Position

ENDORSEMENTS

Name of Faculty Member: _____

Rank and Department of Faculty Member _____

Collegiate Level

I have read the attached evaluations and make the following comments:

Comments: _____

Date: _____

Signature of Dean

By my signature I acknowledge that I have read and received a copy of the Dean's added comments.

Date: _____

Faculty Member Signature

University Level

I have read the attached evaluations and make the following comments:

Comments: _____

Date: _____

Signature of Provost or
Vice-President of Health Sciences

By my signature I acknowledge that I have read and received a copy of the Provost's added comments.

Date: _____

Faculty Member's Signature