10-25-1990

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

Marshall University

Follow this and additional works at: http://mds.marshall.edu/fs_recommendations

Recommended Citation
http://mds.marshall.edu/fs_recommendations/1386

This Article is brought to you for free and open access by the Faculty Senate at Marshall Digital Scholar. It has been accepted for inclusion in Recommendations by an authorized administrator of Marshall Digital Scholar. For more information, please contact zhangji@marshall.edu, martij@marshall.edu.
SR-90-91-(10)163 (FPC)

To approve the attached Annual Report of Faculty Member form:

FACULTY SENATE PRESIDENT:

APPROVED BY SENATE: Kathryn O'Leary DATE: 10/25/90
DISAPPROVED BY SENATE: DATE:

UNIVERSITY PRESIDENT:

APPROVED: Allen B. Yale DATE: 11/11/90
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:

SR-90-91-(10)163 (FPC)
List all creative works or performances with brief description and dates:

---

List all unpublished research by title and indicate briefly its purpose and magnitude:

---

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

---

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

---

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


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

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