**SMD Faculty Annual Review Form — Example**

*This form is a sample/example, which may be used “as is” or may be used as a model to ensure that another department-specific form contains all of these elements in its faculty annual review.*

*Identifying Information*

Faculty member name:

Current appointment title:

Activity Components (as applicable, actual or anticipated):

☐Clinical ☐Research ☐Scholarship ☐Institutional Scholarship ☐Teaching

End date of current appointment:

% FTE (total and by activity and, where relevant, funding):

Mentor/supervisor name:

Annual review completed by (chair/ center director /designee): Date:

Sources of information for the annual review (check all that apply):

updated CV ☐faculty self-report ☐peer feedback

☐patient/other feedback (specify) ☐other metrics (specify)

*Summary of the Past Year (if done as self-report, should be reviewed/approved by chair/designee)*

Highlight accomplishments by mission (as relevant to faculty member’s career path):

Clinical:

Teaching:

Research/Scholarship:

Community:

 Administration, Service, Leadership:

Describe progress toward goals set in last year’s annual review:

*Plans Going Forward (if done as self-report, should be reviewed/approved by chair/designee)*

Specific goals with action plan by mission (as relevant to faculty member’s career path), including any changes in effort by mission:

 Clinical:

 Teaching:

 Research/Scholarship:

 Community:

 Administration, Service, Leadership:

Institutional resources needed (include plans for self-education if relevant):

*Evaluation (to be completed by the chair/designee)*

Summarize strengths and areas for improvement as follows:

 Clinical:

 Teaching:

 Research/Scholarship:

 Community:

 Administration, Service, Leadership (institutional, regional, national, international):

 Interpersonal Relationships (peers, staff, customers, patients, families):

 Professionalism (teamwork, integrity, accountability, compassion, respect):

Upcoming career juncture

 What action is anticipated at end of current appointment?

 Is faculty on time for this action? Any concerns / things needed?

 For tenured and other senior faculty, plans for mentoring others? Other plans to change activities?

*This completed form should be reviewed and approved by the faculty member. A copy should be retained in the chair’s office, as well as by the person doing the review (if other than the chair).*