

DEPARTMENT OF OPHTHALMOLOGY

Required Faculty Annual Progress Self Assessment Form

FACULTY NAME: _____ DATE: _____

1. SUMMARY OF ACHIEVEMENTS SINCE LAST ANNUAL REVIEW BASED ON PREVIOUS YEAR GOALS AND OBJECTIVES:

2. NEW GOALS AND OBJECTIVES FOR UPCOMING YEAR:

3. PUBLICATIONS SINCE LAST ANNUAL REVIEW

4. GRANTS SINCE LAST ANNUAL REVIEW

5. PRESENTATIONS SINCE LAST ANNUAL REVIEW

6. LEADERSHIP POSITIONS : MED CENTER/OUTSIDE

SIGNATURE: _____

DATE: _____