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| **University of Nebraska Medical Center** | **Last Name** |  |
| **College of Nursing** | **First Name** |  |
| **Annual Faculty Activity Review** | **Date** |  |

**1. Summary of Faculty Evaluations by Students in 2015:**

Complete table below and attach summaries of student's evaluative ratings and comments.

Students evaluated overall teaching effectiveness on a 0-to-4 point scale with 4 being the highest.

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| **Semester** | **Course** # | **Class/Clinical** | **Mean** | # **of Students/Campus** |
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1. **Overall Evaluation Rating**

Make an evaluative judgment about your performance in each areas of role function below using the following scale. Please consider your overall performance in terms of alignment with the tripartite missions and Strategic Plans of UNMC and the College of Nursing; consider also the UNMC core values.

**Scale:**

**5 = Exceptional, Consistently Surpasses Standards**

Far exceeded performance expectations on a consistent and uniform basis. Work was of exceptional quality in all essential areas of responsibility. Made an exceptional or unique contribution in achievement of unit, department, and University goals.

**4 = Exceeds Standards**

Always achieved performance standards and frequently exceeded them. Demonstrated performance of a very high level of quality in all areas of responsibility.

**3 = Successfully Meets Standards**

Consistently fulfilled performance standards and periodically exceeded them. Work was of high quality in all significant areas of responsibility.

**2 = Needs Improvement**

Did not meet performance standards in one or more of the significant/essential position requirements. Improvement is needed.

**1 = Unsatisfactory**

Overall did not meet goals and objectives. Improvement is needed in most aspects of position.

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| **Role Function** | **Percent of**  **Time** | **Evaluation** | | **Weighted**  **Average** |
| **Self** | **Supervisor** |
| **Teaching/education** |  |  |  |  |
| **Scholarship** |  |  |  |  |
| **Practice** |  |  |  |  |
| **Organizational/Professional**  **Service** |  |  |  |  |
| **Total Summary** |  |  |  |  |

1. **Faculty contributions not reflected on Curriculum Vita (e.g. special assignments, student advisement, formal mentoring, organizational citizenship such as proctoring assistance, activities for students, Annual Meeting activities, etc.)**
2. **Evaluation of past year’s goals according to the tripartite mission & core values as appropriate for rank and percent FTE**

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| **Goal** | **Faculty Evaluation of Goal (exceeded; met; partially met; unmet)** | **Priority goals for Next Academic Year** |
| 1. | 1. |  |
| 2. | 2. |  |
| 3. | 3. |  |
| 4. | 4. |  |

1. **Faculty's Summary Statement:**
   1. **Faculty statement regarding past year’s goal achievement**
   2. **Summary of other accomplishments/opportunities**
2. **Administrator's Summary Statement:**

**a. Response to past year’s goal achievement:**

**b. Plans for next year:**

I have read and reviewed my evaluation.

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| **Faculty Signature** |  | **Date** |

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| --- | --- | --- |
| **Administrative Signature** |  | **Date** |