
**LSUHSC SCHOOL OF MEDICINE - NEW ORLEANS
FACULTY ANNUAL REVIEW FORM**

Appointment (Hire) Date _____
Date of Review Meeting _____
(An updated CV is to be on file in the departmental office)
(One or more ACTIVITIES WORKSHEETS may be appended)

NAME _____

DEPARTMENT _____

TITLE/RANK _____

% EFFORT DISTRIBUTION:

Teaching: _____

Research: _____

Service: _____

a) Clinical: _____

b) Administrative: _____

c) Other: _____

(NA = not applicable)

Major Accomplishments for Academic Year

Self-Assessment on Prior Goals

(If applicable, outline specific organizational features that facilitated or hindered progress toward goals and overall performance)

Objectives Prior Year	Progress Made

Specific Goals for Next Academic Year

Long Range Professional and Career Goals

SUMMARY ASSESSMENT OF ACADEMIC PERFORMANCE IN CONTEXT OF RANK AND STATUS

(1-7, lowest to highest;
1=definitely not meeting performance expectations,
4=satisfactory achievement of performance expectations,
7=definitely exceeding all performance expectations)

Numerical Self-Assessment:	1	2	3	4	5	6	7
Supervisor’s Numerical Assessment:	1	2	3	4	5	6	7

Supervisor Comments and Action Plan for Professional Development

Supervisor: _____

Date: _____

Faculty Member: _____

Date: _____