

LSU Health Sciences Center – New Orleans

Faculty Evaluation Form

SOM LEADERSHIP EVALUATION SUPPLEMENTAL RATING FORM

Evaluation Period: 1/1/2025 TO 12/31/2025

Form Note: Adobe Acrobat is required to complete this form. Do Not use an Internet browser to complete as this may impact form calculations. Calculations for Sections A-E will generate automatically. The calculate button must be selected for the Overall Evaluation Rating to generate.

Faculty Name and Email	Evaluation Ratings					
	1 = Unsatisfactory (<i>Does not meet expectations</i>) 2 = Needs Improvement (<i>Meets some but not all expectations</i>) 3 = Successful / Meets Expectations 4 = Exceeds Expectations (<i>Meets all and exceeded some expectations</i>) 5 = Outstanding (<i>Consistently exceeds all expectations</i>)					
Reviewer/Evaluator Name	Self-Evaluation?					
	Click here if you are completing a self-evaluation. →					

Instructions: Assign weights to each section and rate performance for each criteria.

Research and Scholarship: _____ % of overall job department/office expectations

	N/A	1	2	3	4	5
1. Quality and quantity of departmental scholarly activity						
2. Quality of departmental research and inquiry						
3. Departmental productivity in grants and contracts for external funding						
Summary Rating: Calculated as the average of all rated applicable section criteria.						
Comments:						

Teaching and Mentorship: _____ % of overall department/office expectations

	N/A	1	2	3	4	5
1. Quantity of departmental teaching and/or mentorship						
2. Quality of departmental teaching and/or mentorship						
3. Development and implementation of innovations in education						
Summary Rating: Calculated as the average of all rated applicable section criteria.						
Comments:						

Service and Administration: _____ % of overall department/office expectations

	N/A	1	2	3	4	5
1. Quantity and quality of departmental clinical service						
2. Impact of departmental administrative service for the school or HSC						
3. Departmental compliance with University (and Hospital) processes and procedures						
Summary Rating: Calculated as the average of all rated applicable section criteria.						
Comments:						

Leadership and Development: 10% of overall job duties

	N/A	1	2	3	4	5
1. Mentors junior faculty for advancement						
2. Develops mid-career/senior faculty for leadership						
3. Demonstrates effective problem solving						
Summary Rating: Calculated as the average of all rated applicable section criteria.						
Comments:						

Collaboration and Communication: 10% of overall job duties

	N/A	1	2	3	4	5
1. Clear, tactful, and efficient communication						
2. Fosters collaboration within department and with external departments/entities						
3. Respectful and courteous to colleagues, staff, and learners						
Summary Rating: Calculated as the average of all rated applicable section criteria.						
Comments:						

Integrity: 10% of overall job duties

	N/A	1	2	3	4	5
1. Accepts responsibility for departmental faculty and overall performance						
2. Dependable						
3. Fosters a culture of trust, fairness, and respect						
Summary Rating: Calculated as the average of all rated applicable section criteria.						
Comments:						

OVERALL EVALUATION RATING

Overall Evaluation Rating Calculator: Corresponding Section Summary Ratings are transferred to the Overall Evaluation Rating Calculator, then multiplied by the % weight assigned to the section. The total Weighted Score Rating for all sections determines the Overall Evaluation Rating.

Section	% Weight Assigned to Section	Section Summary Rating	Weighted Rating
Research & Scholarship		X	=
Teaching & Mentorship		X	=
Service & Administration		X	=
Leadership & Development	0.10	X	=
Collaboration & Communication	0.10	X	=
Integrity	0.10	X	=
<hr/>			
Overall Evaluation Rating	Total weight must be 100%		

Overall Rating Scale & Overall Rating Category

4.50 – 5.00	Outstanding
3.50 – 4.49	Exceeds Expectations
2.50 – 3.49	Successful
1.50 – 2.49	Needs Improvement
1.00 – 1.49	Unsatisfactory

SIGNATURES – *This appraisal has been discussed by the undersigned and a copy given to the employee.*

***Signature does not indicate agreement or disagreement but simply that the evaluation has been discussed.*

REVIEWER SIGNATURE	I have discussed with my employee the performance evaluation ratings enclosed and the performance expectations for them during the upcoming rating period. DATE: _____
EMPLOYEE SIGNATURE	My manager has discussed with me the performance evaluation ratings enclosed on which I have been rated and the desired performance expectations for the upcoming rating period. DATE: _____
2ND LEVEL REVIEWER SIGNATURE	In support of fair and equitable evaluations, a 2 nd Level Reviewer will be required for any OVERALL CATEGORY RATING of (4.5-5.0) Outstanding, or (1.0-1.49) Unsatisfactory. 2 nd Level Reviewers should evaluate ratings to ensure sufficient documentation/comments have been included to warrant the overall rating. Contact your Business Manager or HRM Talent Development to identify this person if needed. DATE: _____