
**LSUHSC SCHOOL OF MEDICINE - NEW ORLEANS
ANNUAL REVIEW FORM
DEPARTMENT HEAD, CENTER or PROGRAM DIRECTOR, DEAN'S OFFICE**

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 _____

ACADEMIC DEPARTMENT _____

TITLE/RANK _____

YEARS IN ADMINISTRATIVE POSITION _____

% EFFORT DISTRIBUTION:

Teaching: _____
Research: _____
Service: _____
 a) Clinical: _____
 b) Administrative: _____
 c) Other: _____

FACULTY SUPERVISED:

Full-time: _____
Part-time: _____
Gratis: _____

% EFFORT DISTRIBUTION of SUPERVISED FACULTY COLLECTIVELY:

Teaching: _____
Research: _____
Service: _____
 a) Clinical: _____
 b) Administrative: _____
 c) Other: _____

(NA = not applicable)

Self-Assessment on Administrative Skills (Strengths and Weaknesses)

(If applicable, outline specific organizational features that facilitated or hindered progress toward goals and overall performance)
(Management, communication, faculty and staff evaluation, executive and financial judgment, delegation of authority, etc)

Objectives Prior Year	Progress Made

Major Accomplishments for Academic Year

--

Self-Assessment on Prior Goals

Objectives Prior Year	Progress Made

Specific Goals for Next Academic Year

--

Long Range Professional and Career Goals

--

