

(FSH 3320)
ANNUAL PERFORMANCE EVALUATION FORM 1: EVALUATION OF FACULTY
(INCLUDES DISCLOSURE OF CONFLICTS FSH 6240)
 (Confidential) [ed. 6-12]
 For Period of Review: January thru December ____

Name: _____ Evaluator(s): _____

Unit(s): _____

Administrative Title (if applicable): _____

Employee V#: _____

NOTE: Faculty and administrator(s) are to review and address the objectives as stated on the previous year's position description.

Position Description (PD) Responsibilities	PD %	Numeric Score*	PD% x score = total	COMMENTS INCLUDING ACCOMPLISHMENTS and IMPACTS WHEN APPLICABLE (Use back if necessary)
TEACHING AND ADVISING (FSH 1565 C-1; Strategic Action Plan Goal 1)				
SCHOLARSHIP and CREATIVE ACTIVITIES (FSH 1565 C-2; Strategic Action Plan Goal 2)				
OUTREACH and EXTENSION (FSH 1565 C-3; Strategic Action Plan Goal 3)				
UNIVERSITY SERVICE & LEADERSHIP (FSH 1565 C-4, 1420E,, Strategic Action Plan Goal 4)				

***Scoring Key**

- 5 = Exceptional performance
- 4 = Above expectations
- 3 = Meets expectations
- 2 = Below expectations
- 1 = Unacceptable performance

Scoring Example:

PD%	Numeric Score	Total
Teaching and Advising 50%	4	.50 x 4 = 2.0
Scholarship 35%	2	.35 x 2 = .7
Outreach & Extension 10%	3	.10 x 3 = .3
Univ. Service & Leadership 5%	3	.05 x 3 = .15
Unit Adm. Score (transfer total to box below)		3.15 = 3.2

Unit administrators and college deans may extend the weighted score one decimal place.
Rounding: .5 and above round up; .4 and below round down.

Unit Administrator Score

College Dean Score

(Continued on next page)

Interdisciplinary/Center Activities: The unit administrator is responsible to solicit, discuss and consider evaluative comments from those interdisciplinary/center administrators listed in the faculty narrative attached to the position description used for this evaluation. All solicited comments are to be attached to this form. (FSH 3050 B-2, 3320 A-1 d, 3520 E-1, G-3, G-4c, and 3560 C,E-2d).

Unit Administrator's Attachment: A narrative on progress towards tenure, promotion, and/or continued satisfactory performance is to be completed by all evaluators for all faculty using separate pages and attach to this form (if there is a disagreement, see FSH 3320 A-1 e&f). Include the following areas, as appropriate: advancement, interdisciplinary activity, activity at centers, professional development and professional service (FSH 1565 B). **If the narrative(s) is/are not attached the form will be returned to the unit by the college.**

Unit Administrator Signature/DATE

Unit Administrator (joint appointments if applicable)/DATE

Faculty Comments:

Faculty Signature/DATE

Dean Signature/DATE

Dean's Attachment: If there are any differences in any category of scoring between the department chair and college dean, a narrative shall be attached stating the reasons for these differences. The form with attachments must be returned to the faculty member for a second signature (if there is a disagreement, see FSH 3320 A-1 f). **If the narrative is not attached the form will be returned to the College by the provost.**

Second Faculty Signature (if applicable)/DATE

FSH 6240 Required Disclosure of Conflicts

You must complete this disclosure annually with your performance evaluation. If you have a conflict to disclose then you also will need to complete Form FSH 6240A. Likewise, if there is any change in your circumstance that may give rise to potential conflicts or eliminate potential conflicts previously disclosed, then you will need to complete Form FSH 6240A within 30 days of the change. University of Idaho FSH Policy 6240 Conflicts of Interest or Commitment is available at <http://www.webs.uidaho.edu/fsh/6240.html>. If you have any questions about the form or about specific potential or actual conflicts of interest, please contact your unit administrator or the Chair of the university's Ethical Guidance and Oversight Committee. **Disclose outside employment for compensation of more than 20 hours/week by completing FORM 6240 B – Disclosure of Outside Employment or Consulting for Compensation.**

- I have reviewed FSH 6240 and **DO NOT** have any conflicts of interest, conflicts of commitment or apparent conflicts to report. Please sign and date below.
- I have reviewed FSH 6240 and **DO** have conflicts of interest, conflicts of commitment or apparent conflicts to report. Please, sign below, and fill out form FSH 6240A. Submit completed FSH 6240A to your unit administrator along with separate pages describing a plan to manage each conflict or apparent conflict.

Your signature below certifies that you have reviewed FSH 6240 regarding disclosure of conflicts, and that the information that you provide regarding disclosure of any conflict is accurate to the best of your knowledge as of the date of this document, and you commit to providing an update if a material change occurs in the information you have provided.

Faculty Signature/DATE

Unit Administrator/DATE