

LSU Health Sciences Center – New Orleans

Faculty Evaluation Form

**** FACULTY EVALUATION SUPPLEMENTAL RATING FORM ****

Evaluation Period: 1/1/2024 TO 12/31/2024

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 the sections will generate automatically. The calculate button must be selected for the Overall Evaluation Rating to generate.

Faculty Name, Email and Faculty Rank	Evaluation Ratings	
	1 = Unsatisfactory (Does not meet expectations) 2 = Needs Improvement (Meets some but not all expectations) 3 = Successful / Meets Expectations 4 = Exceeds Expectations (Meets all and exceeded some expectations) 5 = Outstanding (Consistently exceeds all expectations)	
Reviewer/Evaluator Name		
	Self-Evaluation? Click here if you are completing a self-evaluation. →	<input style="width: 40px; height: 30px;" type="checkbox"/>

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

Research and Scholarship: % of overall job duties (Faculty Handbook 6.4)

	N/A	1	2	3	4	5
1. Quality of scholarship						
2. Quantity of scholarship						
3. Quality of research and scientific inquiry						
4. Productivity in grant and contract writing for external funding						
Summary Rating: Calculated as the average of all rated applicable section criteria.						
Comments:						

Teaching and Mentorship: % of overall job duties (Faculty Handbook 6.4)

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

Service and Administration: % of overall job duties (*Faculty Handbook 6.4*)

	N/A	1	2	3	4	5
1. Quality of clinical service						
2. Quantity of clinical service						
3. Impact of departmental, school or HSC service						
4. Leadership effectiveness						
Summary Rating: Calculated as the average of all rated applicable section criteria.						
Comments:						

Core Values 20% of overall job duties

Review and rate the competencies listed below and how they relate to Research/Scholarship, Teaching/Mentorship, and Service/Administration.

	N/A	1	2	3	4	5
1. Follows policies, procedures, and applicable regulations						
2. Fosters teamwork						
3. Accepts responsibility and accountability for work projects						
4. Communicates tactfully, efficiently, and effectively						
5. Exhibits school, professional, and Health Sciences Center core values (eg. respect)						
6. Fosters a culture of trust 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 and Scholarship		X		=	
Teaching and Mentorship		X		=	
Service and Administration		X		=	
Core Values	20.00%	X		=	
Overall Evaluation Rating					
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 him/her during the upcoming rating period. _____ DATE: _____
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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: _____
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2nd Level Reviewer SIGNATURE	In support of fair and equitable evaluations, a 2 nd Level Reviewer will be required for any OVERALL RATING of (5) Outstanding, or (1) Unsatisfactory. 2 nd Level Reviewers should evaluate the completed form ensuring sufficient documentation/comments have been included to warrant the overall rating. _____ DATE: _____
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