Attachment C

To be completed by Chair/Director

**Faculty of Health**

**Faculty Performance Review Acknowledgment**

**Faculty member’s name:**

**Rank:**

**Department/School:**

**Year 1 Weighting Percentage (YYYY): Jan-Dec/YYYY Weighting: 20-40-20 (example)**

Format - Administrative title: dates in role (dates applicable to evaluation year)

Example - Associate Chair of Undergraduate Studies: July 1, 2020 - June 30, 2023 (Jan - Dec 2021; 12 months)

**Year 2** **Weighting Percentage (YYYY): Jan-Dec/YYYY Weighting: 20-40-20 (example)**

Format - Administrative title: dates in role (dates applicable to evaluation year)

Example - Associate Chair of Undergraduate Studies: July 1, 2020 - June 30, 2023 (Jan - Dec 2022; 12 months)

**Rating categories:**

* 1. Outstanding

1.75 Excellent

1.5 Very Good

1.25 Good

1.0 Satisfactory

0.75 Needs some improvement

0.5 Needs improvement

0.25 Needs major improvement

0.0 Unsatisfactory

**For members on a biennial performance review cycle, the rating for non-review years shall be equal to the rating for the previous review year.**

**Rating Scores (YEAR 1 AND/OR YEAR 2):**

Teaching:

Research:

Service:

**Overall Score:**

**Comments from Chair/Director:**

**Enter comments here:**

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Signature: Chair/Director Date

Signature: Dean, Lili Liu, Dean Date

**Note to Faculty Member**: Please sign below to indicate that you have seen the assessment and the Chair's (or Dean’s) comments. If you would like to discuss your assessment, please contact the above Chair/Director (Dean) during the next week. If you wish to record any observations with respect to the recommendation or comments, you may attach a statement to this form. Please refer to the Memorandum of Agreement for more information.

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Faculty Member’s Signature Date

**Please sign and return original to the Dean. Keep a copy for your file**