University of Maryland School of Medicine

Comprehensive Post-Tenure Review for Faculty

Chair/Director Evaluation Form

IMPORTANT:

* Be sure assessment is based on expectations and activity for the past 5 years or since last review.
* Statements made should be supported by facts and/or examples.

**Faculty Member’s Name:**

**Department:**

**Division:**

**Review Year:**

**Last Comprehensive Review:**

**Chair/Director Comments and Recommendation:**

Teaching, advising or other educational activities and assessment:
Click or tap here to enter text.

Scholarly research or creative activities and assessment:
Click or tap here to enter text.

Service activities (Department, University, Hospital, Government, Professional) and assessment:
Click or tap here to enter text.

Clinical activities (if applicable) and assessment:
Click or tap here to enter text.

Chair/Director Summary Comments:
Click or tap here to enter text.

Director/Chair Recommended Rating Recommendation: Choose an item.

Include one-page development plan if rating is *Not Meeting Expectations*

Center/Institute/Program Director Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Signature: