**[Your Institution Here]**

**Scholar Progress Assessment Form**

|  |  |
| --- | --- |
| NAME: | |
| SCHOOL: | DEPARTMENT: |
| DATE OF FACULTY APPOINTMENT: | POSITION TITLE: |
| YEAR: | DATE OF REVIEW: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **CORE CRITERIA**   ***Faculty Review of Scholar’s Career*** ***Development Plan and Self Assessment*** | | | | | | | | | |
|  | | ***Exceeded Goals* -----------------*Met Goals* ---------------*Needs Improvement\**** | | | | | | | |
| 1) Scholarly Activities | |  |  | |  |  | | |  |
| 2) Publication Plans and Activities | |  |  | |  |  | | |  |
| 3) Presentation Opportunities | |  |  | |  |  | | |  |
| 4) General Transferrable Professional Development | |  |  | |  |  | | |  |
| 5) Career Specific Professional Development | |  | | | | | | | |  |  |  |  |
| COMMENTS | | Click to enter text. | | | | | | | |  |  |  |  |
| **II. OPTIONAL CRITERIA** | | ***Exceeded Goals* -----------------*Met Goals* ---------------*Needs Improvement\**** | | | | | | | |
| Drop down | |  | |  |  | |  |  | |
| COMMENTS | Click to enter text. | | | | | | | | |

*\* Attach Improvement Plan*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **III. PERFORMANCE FACTORS** | | | | | | |
| **1) Execution of Research** | | ***Exceeded Goals* -----------------*Met Goals* ---------------*Needs Improvement\**** | | | | |
| Efficiency (sufficiently plans experimental design and controls to answer questions) | |  |  |  |  |  |
| Independent scientific judgment (ability to use scientific judgment to advance projects) | |  |  |  |  |  |
| Productivity (work routine ensures timely completion of experiments and other tasks) | |  |  |  |  |  |
| Priorities (establishes appropriate priorities to bench work, writing, literature, reviews, etc.) | |  |  |  |  |  |
| Quality of work reflects accuracy and thoroughness | |  |  |  |  |  |
| Technical knowledge appropriate to project(s) | |  |  |  |  |  |
| COMMENTS | Click to enter text. | | | | | |
| **2) Knowledge of Literature** | | ***Exceeded Goals* -----------------*Met Goals* ---------------*Needs Improvement\**** | | | | |
| Depth | |  |  |  |  |  |
| Range | |  |  |  |  |  |
| COMMENTS | Click to enter text. | | | | | |
| **3) Professional Communication** | | ***Exceeded Goals* -----------------*Met Goals* ---------------*Needs Improvement\**** | | | | |
| Written | |  |  |  |  |  |
| Oral | |  |  |  |  |  |
| Presentation skills | |  |  |  |  |  |
| English language skills | |  |  |  |  |  |
| Efficiently summarizes data during meetings | |  |  |  |  |  |
| COMMENTS | Click to enter text. | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4) Interpersonal Skills** | | ***Exceeded Goals* -----------------*Met Goals* ---------------*Needs Improvement\**** | | | | |
| Collaborative manner contributing to laboratory success | |  |  |  |  |  |
| Positive influence to laboratory morale and productivity | |  |  |  |  |  |
| Encourages others to improve scientific and professional skills | |  |  |  |  |  |
| Is sensitive to diversity issues and works well in multicultural environment | |  |  |  |  |  |
| Provides leadership and mentoring to graduate students and/or technicians | |  |  |  |  |  |
| Handles sensitive situations appropriately | |  |  |  |  |  |
| COMMENTS | Click to enter text. | | | | | |
| **5) Self Improvement** | | ***Exceeded Goals* -----------------*Met Goals* ---------------*Needs Improvement\**** | | | | |
| Solicits resources to improve job performance | |  |  |  |  |  |
| Identifies skills to be improved | |  |  |  |  |  |
| Participates in training/development activities | |  |  |  |  |  |
| Displays clear career goals | |  |  |  |  |  |
| COMMENTS | Click to enter text. | | | | | |
| **OVERALL RATING** | |  |  |  |  |  |

*\* Attach Improvement Plan*

**Scholar Career Development Plan** was reviewed or updated: Click here to enter a date.

Does progress need to be reviewed more frequently than annually?

**IV. OUTCOME** Continue Plan as Drafted  Revise Plan, No Concerns Develop Improvement Plan

Outcome Effective Date:

**V. ACKNOWLEDGEMENTS** I discussed my assessment with my mentor/supervisor and I agree with it.

I discussed my assessment with my mentor/supervisor and I do not agree with it.

*If you do not agree, contact Leadership to request a confidential progress assessment consultation.*

**VI. SIGNATURES**

Enter Typed Name

*Scholar*

Enter Typed Name

*Faculty Mentor/Supervisor*

Enter Typed Name

*Department Chair or Designee*

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*Scholar*

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*Faculty Mentor/Supervisor*

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*Department Chair or Designee*