



ACADEMIC PERFORMANCE EVALUATION
TENURE-STREAM STAFF

EVALUATION PERIOD: JANUARY 1, 2022 TO DECEMBER 31, 2022

Name of Academic: _____ **Department:** _____
 (Please print)

**Please note there is no longer the option to double weight categories.*

*** The 'Clinical Contribution' section applies to clinical faculty only and does not factor in the merit calculation.*

Please answer the questions below, using a scale of 1 to 6, where 1 is "Lowest" and 6 is "Highest".

	Highest					Lowest
	6	5	4	3	2	1
TEACHING:						
Quality of Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESEARCH:						
Quantity and Quality of Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grants & Awards Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific & Scholarly Activities (eg. CIHR, journal reviews, journal editor, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATIVE CONTRIBUTIONS & CLINICAL ADMINISTRATION:						
Department Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty, Clinical Service and University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Organizations (eg. Conference planning, executive of professional bodies, advice to governments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONALISM & COLLEGIALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL CONTRIBUTIONS**:						
Quality of Clinical Contributions (Good decision making and compassionate care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Clinical Contributions (Clinical load)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Reliability/ Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Major Achievements:

Goals and Objectives for the coming year:

 Chair's/Director's signature Date Academic Staff signature Date

By signing this form, the academic staff member acknowledges having seen the evaluation, but does not necessarily agree with its content.