



ACADEMIC PERFORMANCE EVALUATION
TENURE-STREAM STAFF

EVALUATION PERIOD: JANUARY 1, TO DECEMBER 31,

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

* When warranted by unusual circumstances, the evaluator can opt to give double weighting on only **ONE** sub-category. If a double weighting of "2" is used, another sub-category must be marked "0". Thus, all sub-categories must be rated for a total weight of "9".

** 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".

Weight*	Lowest					Highest
0 1 2	1	2	3	4	5	6
TEACHING:						
	Quality of Teaching					
	Quantity of Teaching					
RESEARCH:						
	Quantity and Quality of Publications					
	Grants & Awards Received					
	Scientific & Scholarly Activities (eg. CIHR, journal reviews, journal editor, etc)					
ADMINISTRATIVE CONTRIBUTIONS & CLINICAL ADMINISTRATION:						
	Department Administration					
	Faculty and University					
	Outside Organizations (eg. Conference planning, executive of professional bodies, advice to governments, etc.)					
PROFESSIONALISM & COLLEGIALITY						
CLINICAL CONTRIBUTIONS**:						
	Quality of Clinical Contributions (Good decision making and Compassionate care)					
	Quantity of Clinical Contributions (Clinical load)					
	Clinical Innovation n/a					
	Reliability/ Punctuality					

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.