



ANNUAL EVALUATION FORM

NON-TENURE TRACK FACULTY
(Educator Faculty, including Clinical Faculty)

TO: Leonidas G. Bachas
Dean, College of Arts and Sciences

DATE:

FROM:

Chair Name

Department Name

SUBJECT: 2024 Calendar year Evaluation for

Evaluation of Research/Creative Activities: Evaluate research and/or creative work during this period, including special activities or circumstances that may have an impact on growth, performance, etc.

(space allows for about 300 words)

Evaluation of Teaching and Pedagogical Initiatives: Evaluate the faculty teaching effectiveness and the use of pedagogical innovation(s)/creative initiative(s) to enhance teaching and learning. You should assess the quality, amount, and level of classroom instruction, along with the development of new courses or classroom materials and the application of new technology. Indicate whether the faculty member was formally evaluated by his/her students during this period and summarize the results. If evaluation is based on informal feedback, please describe (from advisors, student conversations, etc.). In addition, include summary of results of peer teaching evaluations, if occurring during this period.

(space allows for about 250 words)

Evaluation of Clinical Activities (if applicable): Evaluate the performance of clinical duties during this period, including clinical supervision of graduate students, and direct clinical services.

(space allows for about 250 words)

Evaluation of Service Activities (including advising):

(space allows for about 300 words)



	Eligible for reappointment for 2025-2026 academic year, subject to need and available funding, which is to be determined through the College's teaching replacement mechanism.
	Not eligible for reappointment.

I have reviewed (via [UM's Discloser Compliance Status PowerBI report](#)) that this faculty member has completed training and the disclosure process through the UDisclose System. I recognize my obligation to address the outcome of this review with the Dean.

Chair's Signature

Date



By signing this form, I acknowledge receipt of this evaluation:

Faculty Signature

Date