



**ACADEMIC PERFORMANCE EVALUATION**  
**FOR CLINICAL FACULTY, CONTRACT ACADEMIC STAFF**

**SUPERVISOR SUMMARY EVALUATION FORM**

EVALUATION PERIOD: JANUARY 1, TO DECEMBER 31,

**NAME of ACADEMIC:** \_\_\_\_\_  
 (Please print)

**DEPARTMENT:** \_\_\_\_\_

**DIVISION (if applicable):** \_\_\_\_\_

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

*\*Not applicable can ONLY be used for the "Administration" and "Research" categories. All other categories **MUST** be evaluated.*

Highest						Lowest
6	5	4	3	2	1	N/A

**TEACHING (must be evaluated):**

- Quality of Teaching Classroom/ Clinical
- Quantity of Teaching (Including Graduate Students)

**CLINICAL CONTRIBUTIONS (must be evaluated):**

- Quality of Clinical Contributions (Good decision making and compassionate care)
- Quantity of Clinical Contributions (Clinical load)
- Clinical Innovation
- Reliability/ Punctuality

**ADMINISTRATION:**

- Clinical Site Administration
- University Administration
- Outside Organization (e.g. Conference planning, executive of professional bodies, advice to governments, community service)

**PROFESSIONALISM & COLLEGIALLY (must be evaluated):**

**RESEARCH:**

- Quantity and Quality of Publications
- Grants & Awards Received
- Scientific & Scholarly Activities (e.g. grant panels, editorial or review activities, invitations to present research)

**Comments/Major Achievements:**

  
  
  

**Goals and Objectives for the coming year:**

  
  
  

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