



## Faculty Performance Evaluation Form

Name: \_\_\_\_\_ Performance Period/semester \_\_\_\_\_

Department \_\_\_\_\_ HOD : \_\_\_\_\_

Date of meeting: \_\_\_\_\_

**1. A. Teaching & Training (for campus faculty):** 40 Time spent weekly (approx.) \_\_\_\_\_ hours \_\_\_\_\_ %

		Yes	No	Remarks	Points(5)
a.	ILO's for each lecture	Yes	No		
b.	Course portfolio	Yes	No		
c.	Course plan with blue prints	Yes	No		
d.	Remedial/students' advising	Yes	No		
e.	All instructions in English	Yes	No		
f.	Lecture evaluation by students	Yes	No		
g.	Use of teaching aids	Yes	No		
h.	Use of active learning strategies	Yes	No		
<b>Evaluation out of 40</b>					

*Examples of Active learning strategies: brainstorming, formative quizzes, start with case scenario, role playing, summarize the last lecture, library assignments, book reading assignments, presentations on applied aspects, structured group discussion etc*  
Training

**1. B. Teaching Training (for clinical faculty)** 40 Time spent weekly (approx.) \_\_\_\_\_ hours \_\_\_\_\_ %

		Yes	No	Remarks	Points(5)
a.	Explains objectives and Activities of Rotation	Yes	No		
b.	Maintain Rotation portfolio	Yes	No		
c.	Detailed Plan of Rotation	Yes	No		
d.	Remedial/students' advising	Yes	No		
e.	All instructions in English	Yes	No		
f.	Rotation evaluation by students	Yes	No		
g.	Use of teaching aids when required	Yes	No		
h.	Professional support to the site/practice	Yes	No		
<b>Evaluation out of 30</b>					



2. **Research/Scholarly activities (30)** Time spent weekly (approx.) \_\_\_\_\_ hours \_\_\_\_\_ %

				Remarks	Points(5)
a.	Publication/conference presentations	Yes	No		
b.	Research grant proposal submitted	Yes	No		
c.	Students research	Yes	No		
d.	Scholarly contribution to COCP	Yes	No		
e.	Scholarly contribution to the Department	Yes	No		
f.	External Research grant/Scholarly contribution to KFU	Yes	No		
<b>Evaluation out of 30</b>					

3. **Personal/Professional Development (10)** Time spent weekly (approx.) \_\_\_\_\_ hours \_\_\_\_\_ %

				Remarks	Points(5)
a.	Workshop/training program	Yes	No		
b.	Self-improvement Activities/Clear objectives for professional development	Yes	No		
<b>Evaluation out of 10</b>					

4. **Community Engagement (10)** Time spent weekly (approx.) \_\_\_\_\_ hours \_\_\_\_\_ %

				Remarks	Points(5)
a.	Community research project	Yes	No		
b.	Community lecture	Yes	No		



<b>Evaluation out of 10</b>	
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5. **Administration (10)** Time spent weekly (approx.) \_\_\_\_\_ hours \_\_\_\_\_ %

				Remarks	Points(5)
a.	COCP committee membership and responsibilities/	Yes	No		
b.	Departmental assignments/ training site assignments (schedules, administration etc.	Yes	No		
<b>Evaluation out of 10</b>					

6. **Cumulative Evaluation:**

Total out of 100: \_\_\_\_\_

Dean's comments (with areas need improvement):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the Dean: \_\_\_\_\_ Signature of Faculty \_\_\_\_\_

Date: \_\_\_\_\_