

ELEMENTS OF REVIEW (continued)

II. RESOURCES MANAGEMENT

a. *Human Resources*

1. Faculty – turnover; development and mentoring; diversity recruitment; administration
2. Staff – turnover; development; diversity administration; productivity
3. Students – recruitment; advising; responsiveness; demonstrated interest
4. Others within CHP – appropriate consultation

b. *Financial Resources*

1. Budget – monitoring and tracking
2. Development – non-state sources; research and service grants; service contracts and fees; philanthropic support; consultation

c. *Facilities and Equipment*

1. Space – allocation of available space
2. Durable goods – clinical and lab equipment; telecommunications and computer equipment

ELEMENTS OF REVIEW (continued)

III. TEACHING

- a. *Personal Participation* – classroom, laboratory, small group, clinic, student evaluations

- b. *Curriculum* – new courses, change of courses, electronic formats

- c. *Teaching Environment* – culture within department/program/school

IV. RESEARCH AND SCHOLARSHIP

- a. *Personal participation* – principal investigator; team

- b. *Publications* – peer-review; single or multiple authorship; books or chapters

- c. *Papers presented* – invited; competitive peer-review; oral/poster; national/ regional/state/local

- d. *Research environment* - department/ program/school support; research culture

V. SERVICE

- a. *Clinical/Professional* – effort; recognized skills; consultation

- b. *CHP/University Committees* – recognized contribution(s)

- c. *External Service* – professional societies; advisory panels; editorial boards; community relations; collaborative

- d. *Service Environment* – culture within department/program/school; support of service

VI. SUMMARY COMMENTS

- a. *Strengths, accomplishments*

- b. *Opportunities for development, goal-setting, new initiatives*

- c. *Performance Analysis from Faculty Perceptions Instrument*
Size of population _____
Number of responses _____
Summary of scores _____

Response by Department Chair/Program Director (optional):

Chair/Director's Signature _____

Reviewer's Signature _____

Date of Review _____