

ANNUAL TEACHING ACTIVITIES WORKSHEET

(Percentage effort _____%)

A. Scheduled Teaching Activity (credit hrs/contact hrs)				
Type	Fall	Spring	Summer	
1. Lecture	/	/	/	
2. Lab	/	/	/	
3. Seminar/Small Group	/	/	/	
4. Clinical Teaching	/	/	/	
B. Advisory/Mentoring Activities			Number	Hrs/week
1. Students				
2. Junior Faculty				
3. Other (specify)				
C. Advanced Teaching Responsibilities				
1. Course Director (specify courses below)				
2. Graduate Advisor (number of advisees)				
D. Enduring Materials (specify - curriculum development, web sites, handouts)				
E. Other Activities (specify - workshops, seminars, courses)				
F. Teaching Awards (specify, e.g. School, Visiting Professor, Named Visiting Professor)				

Self-Assessment Notes:

Dept Head: _____

Date: _____

Faculty Member: _____

Date: _____

ANNUAL RESEARCH AND SCHOLARSHIP ACTIVITIES WORKSHEET (Percentage effort ____ %)

A. Publications (specify number)	National/International		Local Regional	Principal Author (first or last)			Co-Author
	Peer Rev	Non-Peer Rev					
1. Manuscripts published or in press							
2. Manuscripts submitted or in revision							
3. Abstracts							
4. Books							
5. Chapters							
B. Grants (specific number)		National	Local Regional	Contracts (Government, Industry, etc)	PI	Co PI	Other
1. Funded							
2. Submitted, unfunded							
C. Presentations		Number	E. Review of Grants				Number
1. Society Meetings			1. National/International				
2. Invited Presentations			a. Study Section				
3. Moderator in Society/Education Meetings			b. Ad Hoc				
4. Organizer/Director of Meetings			2. Local/Regional				
a. National/International			3. Other				
b. Local			F. Award/Honors (specify)				
5. Other			G. Referral or Consultation Positions (clinical/scientific)				
D. Editorial Responsibilities			H. Other Research Scholarly Activities (specify)				
1. Editorial Board (specify)			I. Patents				
2. Manuscript Review Board (specify)			J. Other (specify - e.g. referral/consult serv)				
3. Manuscripts Reviewed/yr							
4. Other							

Self-Assessment Notes:

Dept Head: _____

Date: _____

Faculty Member: _____

Date: _____

ANNUAL SERVICE ACTIVITIES WORKSHEET

(Percentage effort _____ %)

A. Committees/Sub-Committees/Task Forces	Dept/Center	SAHP	LSUHSC	National	State/ Regional	Hospital
a. Number						
b. Meetings/yr						
c. Chair/President						
d. Member						
B. Community Service						Number
1. Volunteer work hr/yr						
2. Community Service (Committees #meetings/yr)						
3. Other						
C. Clinical Services	FALL		SPRING		SUMMER	
1. Hours/Day (Total Day = 8 hours)						
2. Weeks/Semester (Total Semester = 15 weeks)						

Self-Assessment Notes:

Dept Head: _____

Date: _____

Faculty Member: _____

Date: _____

ANNUAL ADMINISTRATION ACTIVITIES WORKSHEET
(Percentage effort ____ %)

A. Administrative Activities	Position
1. Associate Dean	
2. Assistant Dean	
3. Department Head	
4. Academic Program Director (Specify:	
5. Director of Clinical Education (Specify:	
6. Service Program Director (Specify:	

Self-Assessment Notes:

Dept Head: _____

Date: _____

Faculty Member: _____

Date: _____