
**LSUHSC SCHOOL OF ALLIED HEALTH PROFESSIONS - NEW ORLEANS
FACULTY ANNUAL REVIEW FORM**

Appointment (Hire) Date _____
Date of Review Meeting _____
(An updated CV is to be on file in the departmental office)
(One or more ACTIVITIES WORKSHEETS may be appended)

NAME _____

DEPARTMENT _____

TITLE/RANK _____

% EFFORT DISTRIBUTION:

Teaching: _____

Research: _____

Service: _____

 a) Clinical: _____

 b) Administrative: _____

 c) Other: _____

(NA = not applicable)

Major Accomplishments for Academic Year

Self-Assessment on Prior Goals

(If applicable, outline specific organizational features that facilitated or hindered progress toward goals and overall performance)

Objectives Prior Year	Progress Made

