Department Chair's Annual Faculty Review Worksheet/Action Plan	
Faculty Member:	Date:
Department:	Department Chair:
Status (tenure-track, Profes	ssional Faculty, Adjunct, Part-time, Continuing Lecturer):
Rank (Instructor, Assist., As	ssoc., Full Prof) & years in rank:
then sit down with your dep keep track of your progress	on: fill out this form near the end of each academic year and artment chair to review it briefly. This effort will help them in attaining your self-described goals, and aid them as they ts of you for the FRC review process. Please provide owing questions / prompts:
1. What are your top two are	eas of strength?
2. What are your top two are	eas for improvement?
	you have for yourself for teaching, service, advising, or vors for next year? What specific steps will you take to
4. What is one 3- to 5-year of the plan to progress toward to	goal you have for yourself? Please provide a brief action that goal.
5. What is one goal you hav	ve (or a brief action plan) to better achieve life balance/well-