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| **KDHS Third Year Review** | | | |
| **Name** |  | | |
| **Rank** | Instructor Clinical Asst  Asst. Prof | | |
| **FTE** |  | | |
| **Contract Length** | 9 Mos 12Mos Other:\_\_\_\_ | | |
| **Yr of Appointment** |  | | |
| **Assigned Workload** | **Year 1**  Teaching \_\_\_\_\_\_\_%  Scholarship \_\_\_\_\_ %  Service \_\_\_\_\_ %  Clinical Service \_\_\_ %  Administrative \_\_\_ % | **Year 2**  Teaching \_\_\_\_\_\_\_%  Scholarship \_\_\_\_\_ %  Service \_\_\_\_\_ %  Clinical Service \_\_\_ %  Administrative \_\_\_ % | **Year 3**  Teaching \_\_\_\_\_\_\_%  Scholarship \_\_\_\_\_ %  Service \_\_\_\_\_ %  Clinical Service \_\_\_ %  Administrative \_\_\_ % |
| **Actual Workload** | |  |  |  | | --- | --- | --- | | **Year 1**  Teaching \_\_\_\_\_\_\_%  Scholarship \_\_\_\_\_ %  Service \_\_\_\_\_ %  Clinical Service \_\_\_ %  Administrative \_\_\_ % | **Year 2**  Teaching \_\_\_\_\_\_\_%  Scholarship \_\_\_\_\_ %  Service \_\_\_\_\_ %  Clinical Service \_\_\_ %  Administrative \_\_\_ % | **Year 3**  Teaching \_\_\_\_\_\_\_%  Scholarship \_\_\_\_\_ %  Service \_\_\_\_\_ %  Clinical Service \_\_\_ %  Administrative \_\_\_ % | | | |
|  | Please write a **brief** summary in the categories below | | |
| **Teaching** |  | | |
| **Scholarship** |  | | |
| **Service** |  | | |
| **Clin Serv** |  | | |
| **Scholarship** | **Please identify if: Submitted, Published, In-Press, Not excepted, Funded, Unfunded** | | |
| **Peer-review** |  | | |
| **Internal Grants** |  | | |
| **External Grants** |  | | |
| **Research posters/abstracts/ podium present** |  | | |
| **Other** |  | | |
|  |  | | |
|  |  | | |
| **Dept Review Committee Ratings** |  | | |
| **Chair Approval** |  | | |
| **Dean/ Admin Approval** |  | | |
| **External reviews** |  | | |