

Planning and Assessment Information

Faculty Name: _____

Faculty Personnel #: _____

Department DASH account #: _____

Approver Personnel #: _____

Approver Name: _____

****ONLY USE 4 PT SCALE FOR SCORES**

Teaching Score: ____/4

Service Score: ____/4

Scholarship Score: ____/4

Total Score: ____/4

Tenured (T) / Tenure Track (TT) / Not Tenure Track (NTT): _____

THE UNIVERSITY OF TENNESSEE AT MARTIN
APPR (Planning & Assessment) FORM

Academic Year 2025 - 2026

Faculty Member: _____ Personnel # _____

Chair/Dean: _____ Department: _____

Date of Planning and Assessment Conference: _____

Planning and Assessment Conference Summaries

due to Academic Affairs by October 1 annually

A. Summary statement **from the faculty member** of specifics regarding how they performed on institutionally and departmentally related objectives associated with excellence for teaching, advising, scholarly or research activities, and service; the methods of assessment; and the goal attainment for the assessment year. (Including efforts to support enrollment growth, retention, student progression, and on-time graduation.)

(Insert from department-specific form or fill in information here.)

B. Summary statement **from the faculty member** regarding the goal statements for the upcoming academic year.

(Insert from department-specific form or fill in information here.)

C. Summary statement **from the department chair** regarding the review of faculty performance and goal achievement for the academic year: including rating, justification, and suggestions for improvement and/or attainment for excellence in teaching, advising, scholarly or research activities, and service in the academic year ahead.

(Insert from department-specific form or fill in information here.)

D. (Optional) Faculty member's comments regarding the Chair's summary statements.

(Insert from department-specific form or fill in information here.)

We have discussed the Chair's summary statements and the goals for the upcoming year.

Chair Signature: _____ Date: _____

Faculty Member Signature: _____ Date: _____

The Annual Planning and Assessment document has been reviewed by

Dean Signature: _____ Date: _____

Dean comments (optional):