



College of Medicine Faculty Activity Plan and Evaluation

Academic Year 2025-26

Name: _____ Faculty Title: _____ Dept: _____

Please complete sections that are applicable. If a section is not applicable, write N/A. Attach a separate sheet and any additional information, if more space is needed. This page is the FACULTY ACTIVITY PLAN. Page 2 is the YEARLY EVALUATION. Page 3 includes the instructions.

TEACHING

Include below: 1) current/previous curriculum/course development and teaching activity and opportunities; 2) planned teaching (curriculum/course development, clinical supervision of students, residents, research training, mentoring, and teaching in CDU/Continuing Medical Education); 3) previous and planned teaching for other students and list departments, courses If you are supervising students or residents, and the number you can accommodate at one time. List name of courses and number of students/residents. Hours per month: Previous: ____ Planned (7/25-6/26)____ Number of CDU/College of Medicine (COM) students: __
Previous:

Planned (7/25-6/26):

RESEARCH

Describe your current and planned research activity at CDU/COM. Hours/month: July -June ____ Number of students: ____
Previous:

Planned (7/25-6/26):

CLINICAL

Previous:

Planned (7/25-6/26):

SERVICE

What CDU/COM community services, university services (committees, taskforce, community service) do you now perform and what services are you planning? Hours per month: July-June ____ . Number of students: ____
Previous:

Planned (7/25-6/26):

OTHER ACTIVITIES IN SUPPORT OF CHARLES R. DREW UNIVERSITY -COLLEGE OF MEDICINE

Please describe. Hours per month: July-June ____ . Number of students: ____
Previous:

Planned (7/25-6/26):

Are you interviewing medical student applicants to CDU? YES NO Are you interviewing residents to CDU? YES NO

Anticipated total hours of planned activities per year for CDU COM : __Click or tap here to enter text. __

Please review with Department Chair and sign/date.*

Faculty

Date

Department Chair

Date

**For current Faculty: This form also serves as an annual review/assessment and Chair signature indicates Faculty is in good standing. A full dossier, an updated plan, recommendation from chair, and approval by AP Committee & Dean will be required for academic advancement.*

Faculty and Chair: Please complete this sheet to comment on and evaluate the academic year 2024-2025 performance regarding Teaching, Research, Clinical, Research, Service and Other, as applicable. Faculty primarily serving administrative positions may submit their annual performance review with this form.



College of Medicine Faculty Evaluation

Academic Year 2024-2025

Name: _____ Faculty Title: _____ Dept: _____

Faculty and Chair: Please complete below to comment and evaluate the academic year 2024-2025 performance regarding Teaching, Research, Clinical, Research, Service and Other, as applicable. Faculty primarily serving administrative positions may submit their annual performance review with this form.

TEACHING

RESEARCH

CLINICAL

SERVICE

OTHER ACTIVITIES IN SUPPORT OF CHARLES R. DREW UNIVERSITY - COLLEGE OF MEDICINE

SELF- ASSESSMENT

Please review with Department Chair and sign/date.*

Faculty

Date

Department Chair

Date

**For current Faculty, this form also serves as an annual review/assessment and Chair signature indicates Faculty is in good standing. A full dossier, an updated plan, recommendation from chair, and approval by AP Committee & Dean will be required for academic advancement.*

Instructions for Faculty Activity Plan and Evaluation

Faculty Activity Plan

1. New faculty are requested to complete a faculty activity plan for the current academic year and review the report with their chair. The plan should describe relevant teaching, research and service plans as applicable. For any area not applicable you can indicate -not applicable N/A
2. Both the new faculty and chair need to sign and date the plan. The plan is part of the dossier process for faculty appointment. The Chair and Faculty should keep a copy of the faculty activity plan and evaluation document.

Faculty Evaluation

1. Current faculty: Near the beginning of each academic year- all faculty members should review their faculty activity plan year current with their chair. Page 2 of the Plan and evaluation report (which is a summary evaluation for the year)-should be completed and signed and dated by the faculty member and chair.
2. A new plan for the upcoming year should also be completed and signed by the faculty member and chair. The chair and faculty member should keep a copy of the current year plan and evaluation and the new plan for the upcoming academic year.