University of Tennessee Health Science Center REVIEW OF PROGRESS for the 2019 FACULTY mid-calendar-year review

Name	Rank
Department	College
Date of progress review between Chair and Faculty Member	
Review category (check one) Review requested by faculty member OR department Note: If this is the mandatory mid-term (INSTRUCTIONS: From the following, select the one matching the select	chair nure probationary review, document on Form 2 as usual.
progress review points listed in the box. Delete all un-used boxes belo	
 Progress review points to address for tenure-track faculty mem Provide a narrative summary of the faculty member's acco identified at the 2017-18 annual evaluation. Provide a clear and unequivocal statement of the faculty m Specifically mention any specific area(s) of concern that are tenure consideration, recommendations for addressing the annual review cycle (that takes place the first quarter of 20 ldentify any new and/or revised work assignments. 	mplishments related to the goals and assignments nember's progress toward tenure consideration. e identified in the faculty member's progress toward area(s), and key indicators to be reviewed at the next
Progress review points to address for follow-up of 2017-18 overall rating of "Needs Improvement for Rank" or "Unsatisfactory for Rank":	
 Provide a narrative summary of the faculty member's acco 2017-18 annual evaluation. Complete the Annual Review Improvement Template (Formannual evaluation. Attach the completed template to this reformany specific performance concern(s) that is(are) still no reviewed early Fall 2019 and at the next annual review cyc Identify any new and/or revised work assignments. 	m 9) that was developed at the time of the 2017-18 review form and submit as directed below.
Progress review points to address for significant change in work	v assignment(s).
 List the faculty member's current work assignment(s) as id List the revised (additions, deletions, edits) work assignment 	entified at the 2017-18 annual evaluation.
Progress review points to address for review requested by facul	Ity member or department chair:
 Provide a narrative summary that describes the request for commendation. List specific recommendations discussed that address the remaining that address the	r this review including any area(s) of concern or
We have discussed the contents of this document. By signing below, I acknowledge that I have participated in the progress review process and have received a copy of this progress review (without implying agreement or disagreement). I understand that I have the right to disagree with this progress review and to respond in writing within ten (10) days from the date I receive this form.	
Faculty Member	Date

Date

Chair (or responsible supervisor)