**FACULTY SERVICE REVIEW FORM**

**CALENDAR YEAR** [2024]

The Faculty Service Review Form is intended to provide the necessary background information needed for annual performance evaluation by the unit head and to provide the information needed by the Bumpers College, Agricultural Experiment Station and Cooperative Extension Service administration for annual accountability reporting.

**DO not duplicate information reported in multiple sections of your FSR**

**I. Appointment**

|  |
| --- |
|  |

**Name:**

1. **Date and rank of first appointment:**
2. **Date of appointment to present rank:**
3. **Years of service in present rank, including the present year:**
4. **Budgeted time for your salary:**

|  |  |  |  |
| --- | --- | --- | --- |
| **%**  **AFLS** | **%**  **AAES** | **%**  **CES** | **%**  **BENG** |
|  |  |  |  |

1. **Teaching, research, extension and service ASSIGNMENTS** for this calendar year (as determined on your annual assignment not necessarily as budgeted within the unit):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **%**  **Teaching** | **%**  **Research** | **%**  **Extension** | **%**  **Service** | **%**  **Administration** |
|  |  |  |  |  |

1. **ORCID Identifier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report your ORCID identifier above. ORCID is a free, unique, persistent identifier (PID) for individuals to use as they engage in research, scholarship, and innovation activities. If you do not have an ORCID identifier, please visit, <https://orcid.org/>, use your UARK credentials to create an account.

|  |
| --- |
| 1. **Executive Summary** – Please provide a brief summary (2 pages maximum) of your significant teaching, research, extension, service and/or administration accomplishments for the calendar year. |
|  |

**II. Publications, Grants and Honors in Teaching, Research, Extension, and Service**

**A. Peer-Reviewed Publications**

Include citation for only those articles that have been published **in this calendar year**. Include publications with a publication date in this calendar year or a DOI. *Do not include publications reported in this section in a prior year.* *Please bold your* ***name*** *and those of other UA co-authors. Indicate if the manuscript is a review article. For each manuscript, please provide a short description of your role (e.g. Corresponding author, first author is a graduate student or post-doc in your lab, contributes to the research ideation, design, data analysis, interpretation, manuscript writing or editing, etc).*

|  |
| --- |
|  |

**B. Other Non-Peer-Reviewed Publications**

Include citation for only those articles that have been published in this calendar year. *AES Research Series articles and data publications (e.g. Ag Data Commons) should be listed here. Do not include published abstracts here (i.e., enter in Section E).*

|  |
| --- |
|  |

**C. Extension Publications and Literature**

Include citations for Extension publications including Fact Sheet (FS) and Miscellaneous publications (MP) authored or revised during this calendar year.

|  |
| --- |
|  |

**D. Pending Publications**

Include citation for only those articles that have been submitted or in press. Articles submitted or in press should be indicated as such. *Please bold your* ***name*** *and those of other UA co-authors. Do not include manuscripts that are in preparation. Include pending teaching, research or Extension publications and literature in this section.*

|  |
| --- |
|  |

**E. Professional Presentations** (professional society meetings, seminars, teaching, research, or extension. Extension presentations to clientele are listed under Section V). *Only include those presentations that were presented in this calendar year. Do not include abstracts for presentations that will be presented in the next calendar year.*

**1. Invited presentations** such as a plenary or keynote address, seminars, or other. *Indicate if presentation was refereed/reviewed.*

|  |
| --- |
|  |

**2. Oral or poster presentations.** *Indicate if presentation was volunteered or refereed/reviewed.*

|  |
| --- |
|  |

**F. Other creative endeavors.**

|  |
| --- |
|  |

**G. Honors, Awards and Recognitions.**

**1. Received by you and your program.**

|  |
| --- |
|  |

**2. Received by your undergraduate or graduate students.**

|  |
| --- |
|  |

**H. Support for teaching (T), research (R) or Extension (E) program.**

**1. New Grants awarded this calendar year**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type**  **(T, R, E)** | **Investigators** | **Title** | **Agency/Source** | **Date submitted** | **Years Funded** | **Total Amt. ($)** | **Your Share ($)** |
|  |  |  |  |  |  |  |  |

**2. Continuing Grants.** *List active grants during this calendar year*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Investigators** | **Title** | **Agency/Source** | **Year (e.g.. 2 of 3)** | **Your Share ($ total years)** | **Your share ($ This calendar year)** |
|  |  |  |  |  |  |

**3. Grants pending.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Investigators** | **Title** | **Agency/Source** | **Years Funded** | **Total Amt. ($)** | **My Share ($)** | **Date Submitted** |
|  |  |  |  |  |  |  |

**4. Grants submitted but not funded.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Investigators** | **Title** | **Agency/Source** | **Total Amt. ($)** | **My Share ($)** | **Date Submitted** |
|  |  |  |  |  |  |

**5. Gifts and gifts-in-kind to your program.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title/Description** | **Agency/Source** | **Years Provided** | **Estimated Value ($)** |
|  |  |  |  |

**III. Teaching and Advising** - If none check here.

**A**. **Courses taught by semester.**

|  |
| --- |
|  |

**B**. **Advising** - Please attach your advising credit tabulation if utilized in your unit. Include total number of undergraduate students advised.

|  |
| --- |
|  |

**C**. **Undergraduate Research Mentoring**

|  |
| --- |
|  |

**D. Graduate Education.**

1. Master’s or doctoral students directed but not yet finished. Indicate if MS students are thesis (T) or non-thesis (N) track.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Degree** | **T or NT** | **Expected Completion Date** |
|  |  |  |  |

2. Master’s or doctoral students directed who completed their degree requirements during the calendar year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Degree** | **T or NT** | **Completion Date** |
|  |  |  |  |

3. Master’s or doctoral committee memberships.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Degree** | **T or NT** | **Expected Completion Date** |
|  |  |  |  |

**E**. **Teaching effectiveness, innovation and improvement**

1. Provide information illustrating teaching or advising effectiveness student accomplishments as well as efforts to improve your instruction such as workshops, classroom innovations, and teaching portfolio development.

1. Course Evaluations. *Include classroom instruction, distance education, special problems/topics, internships, honors thesis, master’s thesis and doctoral dissertation.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Semester | Course Number | Section | Title | Enrollment | Scores of 3 Core Items | | | Course GPA |
| 1 | 2 | 3 |
|  |  |  |  |  |  |  |  |  |

2. Professional Development

|  |
| --- |
|  |

**3.** **Courses developed for distance delivery during the year**. (Indicate electronic format, locations of delivery, and audience)

|  |
| --- |
|  |

**F. Other instructional or advising activities**

List other instructional and advising activities, such as, significant course revision, or guest/special lectures, non-credit instruction or others as pertinent.

|  |
| --- |
|  |

**IV. Research and Other Creative Activities** - If none, check here.

**A. Interdisciplinary and collaborative research**

1. List interdisciplinary research activities and collaborations that contribute to your overall program.

|  |
| --- |
|  |

2. Indicate formal regional research collaborations such as participation in regional research projects, information exchange groups and other formal research collaborations.

|  |
| --- |
|  |

**B. Intellectual Property** - If none, check here.

**1. Invention Disclosures submitted.** Include inventors, patent name, and disclosure date

|  |
| --- |
|  |

**2. US Patents applications submitted.** Include inventors, patent name, type, application date, and application number.

|  |
| --- |
|  |

**3. US Patents issued.**  Indicate inventors, patent name, type, issuance date, and number.

|  |
| --- |
|  |

**4. Copyrights applied for or obtained**

|  |
| --- |
|  |

**5. Other intellectual property protection applied for or obtained.** (Include: international patent applications and those granted, PVPs, plant breeder’s rights, trademarks, invention disclosures and/or other forms of protection or agreements).

|  |
| --- |
|  |

**V. Extension** - If none, check here. *If you do not have a formal Extension appointment, do not enter information in that section.*

**A. Program Planning** – Describe planning efforts used to determine program content and priorities and highlight the outcomes. Include names of participants and methods used i.e. formal needs assessments, surveys, planning committees, and existing data.

|  |
| --- |
|  |

**B. Faculty and Staff Education/Assistance** – Describe or list educational activities (e.g. in-service training, etc) conducted using a direct contact or electronic method to teach or assist Extension personnel.

|  |
| --- |
|  |

**C. Extension Clientele Educational Activities**

1. **Meetings, workshops, tours, field days, etc**. that you organized or played a major role in (indicate your role).

|  |
| --- |
|  |

1. **Individual Presentations.** Includecounty, state, regional, national, etc – indicate date, title, location.

|  |
| --- |
|  |

1. **Other Extension Educational Activities**
2. Activities with Major Leadership Roles

|  |
| --- |
|  |

1. Individual Presentations. Include county, state, and/or regional meetings, etc

|  |
| --- |
|  |

1. **Other Program Activities.** Including Media Appearances and Interviews

|  |
| --- |
|  |

**D.** **Interdisciplinary or Multi-State Extension**

List interdisciplinary and/or multi-state extension activities and collaborations that contribute to your overall program. Indicate formal extension collaborations, such as participation in regional or national extension projects, information exchange groups, etc.

|  |
| --- |
|  |

**E**. **Professional Improvement** (indicate if not on official Extension time)

|  |
| --- |
|  |

**VI. Service**

1. **Service to the University, Division of Agriculture, College or Department.** Include committee membership and other identified service functions. Please indicate if you serve as chair of the committee). Include student club advising in this section.

1. **Department**

|  |
| --- |
|  |

1. **College**

|  |
| --- |
|  |

1. **Division of Agriculture**

|  |
| --- |
|  |

1. **University**

|  |
| --- |
|  |

1. **Service to professional organizations** (include offices held, committee appointments, journal editorships, manuscript reviews and other direct service to your professional organization).

**1. Professional Service**

|  |
| --- |
|  |

1. **Editorial and Review Activities**

|  |
| --- |
|  |

1. **Direct service to people, communities and other client groups directly related to your professional responsibility.** Include service programs and consultation with institutions, local communities, and government agencies. Describe the service responsibility, client group or stakeholders, major collaborators, contribution made by you and impact from the activity. List activities and locations.

|  |
| --- |
|  |

1. **Other service activities (including Media Appearances and Interviews)**

|  |
| --- |
|  |

**VII. Administrative Responsibilities** - If none, check here.  *If you do not have a formal Administrative appointment, do not enter information in that section.*

1. **Briefly describe scope of supervisory assignment and percent administrative appointment as assigned by appropriate SAVP.**

|  |
| --- |
|  |

**B**. **Personnel supervised in terms of FTE’s and institutional** **locations**.

**Faculty**

|  |  |  |
| --- | --- | --- |
| **Number** | **FTE’s** | **Location(s)** |
|  |  |  |

**Classified and Non-Classified Staff**

|  |  |  |
| --- | --- | --- |
| **Number** | **FTE’s** | **Location(s)** |
|  |  |  |