

Department Chair Evaluation Performance Review Form

Name _____ B# _____

Discipline/Institute _____ Campus _____

Supervising Administrator _____

Hire Date _____ Tenured ___ Yes ___ No Performance Review Date _____

I. Department Chair Self-Evaluation:

The faculty member is responsible for completing and submitting this section prior to the scheduled Department Chair performance review. All supporting documentation should also be submitted prior to this meeting.

- a. Maintained and searched for new articulation agreements/memoranda of understanding with outside resources to improve program
___ Yes ___ No ___ N/A

- b. Called faculty meetings for textbook evaluation and adoption
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A

- c. Met with adjunct faculty every semester to discuss issues and improve delivery of course content (may take place via email, conference call or face-to-face)
___ Yes ___ No ___ N/A

- d. Coordinated teaching and class schedules
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- e. Maintained budget control and equipment allocation
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- f. Assisted the supervising Administrator in obtaining and training adjunct faculty
___ Yes ___ No ___ N/A

- g. Maintained an active Advisory Committee which meets a minimum of twice a year
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A

- h. Conducted and/or coordinated performance reviews of adjunct faculty
 - A. Fall Term ___ Yes ___ No ___ N/A
 - B. Spring Term ___ Yes ___ No ___ N/A
 - C. Summer Term ___ Yes ___ No ___ N/A

- i. Performed yearly program/curriculum review (Health Sciences, Nursing, PSAV programs) and updates as necessary with state and national requirements
 Yes No N/A
- j. Submitted Annual Review Reports and scheduled site visits as needed for maintenance of programs (Health Sciences, Nursing, PSAV)
 Yes No N/A
- k. Evaluated student requests in accordance with job description
 Yes No N/A

By completing this section, the Department Chair affirms that he/she has met the primary and other responsibilities as contained in the faculty contract.

Faculty signature

Print name

Date

II. The following section is to be completed by the Administrator prior to the evaluation meeting – The Department Chair :

- a. Was present for the extra work days required by the position.
 Yes No N/A
- b. Was fair and equitable in the treatment of all members of the department
 Yes No N/A
- c. Evaluated adjunct faculty in a professional and equitable manner
 Yes No N/A
- d. Was fair and equitable in the treatment of students
 Yes No N/A
- e. Submitted workable schedules, adjunct faculty pay forms and load documents in a timely manner
 Yes No N/A
- f. Submitted and worked within budgetary constraints set by administration
 Yes No N/A
- g. Reviewed and assessed all syllabi and course materials (including textbooks) prior to the beginning of the semester
 Yes No N/A
- h. Supported all adjunct and full-time faculty
 Yes No N/A
- i. Assisted with adjunct faculty orientation
 Yes No N/A

- j. Maintained good communication with the administration and the faculty
 Yes No N/A
- k. Was knowledgeable about the professional and academic aspects of the program(s)
 Yes No N/A
- l. Was knowledgeable about accreditation issues related to assigned programs
 Yes No N/A
- m. Represented and marketed programs to potential students, corporate clients, etc.
 Yes No N/A
- n. Participated in college-wide recruitment and activities of clubs and organizations related to the departments under their supervision
 Yes No N/A

Comments: _____

III. Goals for the Upcoming Academic Year (to be filled out jointly by the Administrator and the Department Chair): _____

Comments: _____

IV. Based upon this evaluation, I consider the Department Chair's overall performance to be:

- a. Satisfactory
- b. Satisfactory, but needs improvement (complete section below)
- c. Unsatisfactory (complete section below)

Comments: _____

V. Plan of Action: _____

Supervisor's Signature

Department Chair's Signature

Supervisor's Printed Name

Department Chair's Printed Name

Date

Date