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.

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<tr>
<th>Faculty signature</th>
<th>Print name</th>
<th>Date</th>
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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: ____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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III. Goals for the Upcoming Academic Year  (to be filled out jointly by the Administrator and the Department Chair):
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_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Comments: ____________________________________________________________
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_____________________________________________________________________
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: ____________________________________________________________
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V. Plan of Action: ________________________________________________________
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Supervisor’s Signature ___________________________  Department Chair’s Signature ___________________________

Supervisor’s Printed Name ___________________________  Department Chair’s Printed Name ___________________________

Date ___________________________  Date ___________________________