Program Manager Evaluation
Performance Review Form

Name ________________________________  B# ________________________________

Discipline/Institute __________________________  Campus ______________________

Supervising Administrator __________________________

Hire Date __________  Tenured ___Yes ___No  Performance Review Date __________

I. Program Manager Self-Evaluation:
The faculty member is responsible for completing and submitting this section prior to the scheduled Program Manager 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

l. Participated in state and local professional organizations.
   ___Yes ___No ___N/A

m. Adhered to accreditation standards within the discipline.
   ___Yes ___No ___N/A

By completing this section, the Program Manager 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 Program Manager:

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 Program Manager): ____________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________
IV. Based upon this evaluation, I consider the Program Manager’s overall performance to be:
   a. ___ Satisfactory
   b. ___ Satisfactory, but needs improvement (complete section below)
   c. ___ Unsatisfactory (complete section below)

Comments: 

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Plan of Action: 

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Supervisor’s Signature __________________________ Program Manager Signature __________________________

Supervisor’s Printed Name __________________________ Program Manager Printed Name __________________________

Date __________________________ Date __________________________