

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
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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

Comments: _____

- 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