Program Coordinator Evaluation
Performance Review Form

Name ____________________________  B# ____________________________

Discipline/Institute ____________________________  Campus ____________________________

Supervising Administrator ____________________________

Hire Date ____________  Tenured ___Yes ___No  Performance Review Date ____________

I. Program Coordinator Self-Evaluation:
The faculty member is responsible for completing and submitting this section prior to the scheduled Program Coordinator performance review. All supporting documentation should also be submitted prior to this meeting.

a. Acted as a liaison with other areas of the College, external agencies and pertinent professional organizations and their disciplines.
   ___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. Assisted the provost with budget development for program.
   A. Fall Term  ___Yes  ___No  ___N/A
   B. Spring Term  ___Yes  ___No  ___N/A

d. 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

e. Coordinated teaching and class schedules.
   A. Fall Term  ___Yes  ___No  ___N/A
   B. Spring 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

i. Performed yearly program/curriculum review 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. Responded appropriately to student requests (such as course overrides, course overloads, Drop/Add, and academic appeals).
   ____Yes ____No ____N/A

l. Participated in professional organizations (national, state, and/or local).
   ____Yes ____No ____N/A

m. Adhered to accreditation standards within the discipline.
   ____Yes ____No ____N/A

By completing this section, I affirm that I have met the primary and other responsibilities as contained in the faculty contract.

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<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 Program Coordinator:

a. Was fair and equitable in the treatment of all members of the department.
   ____Yes ____No ____N/A

b. Evaluated adjunct faculty in a professional and equitable manner.
   ____Yes ____No ____N/A

c. Was fair and equitable in the treatment of students.
   ____Yes ____No ____N/A

d. Reviewed and assessed all syllabi and course materials (including textbooks) prior to the second week of the semester.
   ____Yes ____No ____N/A

e. Responded appropriately to faculty requests.
   ____Yes ____No ____N/A

f. Assisted with adjunct faculty orientation as needed.
   ____Yes ____No ____N/A

g. Maintained good communication with the administration and the faculty.
   ____Yes ____No ____N/A

h. Was knowledgeable about the professional and academic aspects of the program.
   ____Yes ____No ____N/A

i. Was knowledgeable about accreditation issues related to program.
   ____Yes ____No ____N/A
j. Represented and marketed program to potential students and external agencies.
   ___Yes ___No ___N/A

k. Participated in college-wide recruitment of faculty as needed.
   ___Yes ___No ___N/A

l. Participated in activities of clubs and organizations related to the program under their coordination.
   ___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 Program Coordinator).

Comments: __________________________________________________________

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IV. Based upon this evaluation, I consider the Program Coordinator’s overall performance to be:
   a. ____Satisfactory
   b. ____Satisfactory, but needs some improvement (complete section below)
   c. ____Unsatisfactory (complete section below)

Comments: ________________________________________________________________
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V. Plan of Action: __________________________________________________________
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Comments: ________________________________________________________________
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Supervisor’s Signature ______________________________ Program Coordinator Signature ______________________________

Supervisor’s Printed Name ______________________________ Program Coordinator Printed Name ______________________________

Date ______________________________ Date ______________________________