

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.

Faculty signature

Print name

Date

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: _____

III. Goals for the Upcoming Academic Year (to be filled out jointly by the Administrator and the Program Coordinator). _____

Comments: _____

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: _____

V. Plan of Action: _____

Comments: _____

Supervisor's Signature

Program Coordinator Signature

Supervisor's Printed Name

Program Coordinator Printed Name

Date

Date