

Department Chair Evaluation
Performance Review Form

Name _____ B# _____

Discipline/Institute _____ Campus _____

Supervising Administrator _____

Hire Date _____ Tenured ___Yes ___No Performance Review Date _____

- 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.

Faculty signature

Print name

Date

- 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

IV. Based u