

Faculty Evaluation of Department Chair

Your Department Chair is _____

All Department Chairs will be evaluated by the members of their department each year. The evaluations will be sent directly to the Provosts. Department Chairs will receive copies of the evaluations. This form provides the opportunity to express your views about your Department Chair. Your answers are important because they help improve the institutional effectiveness of Brevard Community College.

Although you will remain anonymous, the following information puts the evaluation in context.

I am a: ___ Full-time Faculty Member, ___ Part-time Faculty Member

Please indicate your agreement with the following statements using the following designations:

SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree, NA = Not Observable/Not Applicable

In the area of Communication and Human Relations, this Department Chair:

	SA	A	D	SD	NA
1. Was accessible					
2. Worked to solve FT and adjunct related problems that I brought to his/her attention					
3. Treated me with respect					
4. Treated others in the department with respect					
5. Encouraged feedback from faculty members within the department					
6. Responded within requested timeframes to written or oral communication					

In the area of Professionalism and Job Knowledge, this Department Chair:

1. Maintained a professional demeanor	SA	A	D	SD	NA
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