XX-2 DEPARTMENT CHAIR (WORK AREA) EVALUATION FORM

Name of Department Chair/Work Area Being Evaluated:

________________________________________________________

Date:____________________________________________________

Directions: The evaluations by unit members shall be used for the sole purpose of the recommendation to appoint/non-reappoint the Department Chair. The evaluation of the Department Chair/Work Area Coordinator shall include the evaluation by each unit member within the work area/Work Area. If the question does not apply, write "not applicable."

1. Does the Department Chair (Work Area) assist in the recruitment and orientation of new instructional staff and if yes, how effectively?

2. Does the Department Chair (Work Area) advise in the instructional competency of all applicants for vacant positions after consultation with members of the Work Area unit and if yes, how effectively?

3. Does the Department Chair (Work Area) submit the preferred subject matter preparation and class schedule of unit members within the Department Chair’s Work Area consistent with Article XXI and if yes, how effectively?

4. Does the Department Chair (Work Area) assist in the implementation of the evaluation process as stated in Article XIII relative to relative to the process of evaluation of course materials and if yes, how effectively?

5. Does the Department Chair (Work Area) assist in the development, dissemination and implementation of Board/ College policies, regulations and procedures which affect the department/Work Area and if yes, how effective?
6. Does the Department Chair (Work Area) convene department meetings when needed and if yes, how effectively?

Faculty Member's Comments (if any):

Tear Off

Unit Member will sign before returning to President’s designee

Evaluator: ____________________________

Date: ________________________________

Please sign this form in the space at the bottom. Unsigned forms cannot be used. When you have completed this form and signed it, tear the signature section from the sheet along the dotted line and hand the two parts separately to the President or the President’s designee who will make sure that one of the matching sequence numbers is on each part you hand in.