

DEPARTMENT CHAIR ASSISTANT INSTRUCTOR EVALUATION FORM

Faculty Member Name

Department

Rank

Division

Evaluator

Date Evaluation Completed

Faculty will be rated in each section and each sub-section on a scale of 1 – 5.

- 1 – Improvement Needed
- 2 – Satisfactory
- 3 – Strong
- 4 – Stellar
- 5 – Superb

The Faculty Overall Evaluation score will be determined by applying the score for each section to its respective percentage chosen by the Faculty, totaled and entered.

A total score of: 0.00 – 1.99 – Improvement Needed

2.00 – 2.99 - Satisfactory

3.00 – 3.99 - Strong

4.00 – 4.49 - Stellar

4.50 - Superb

1. Department Chair Responsibilities: 60% - 65%
Desired Percentage ____ X Evaluators Rating Total ____ = ____

 A. Leadership (40%) X Evaluators Rating ____ = ____
 B. Administrative Duties (25%) X Evaluators Rating ____ = ____
 C. Curriculum & Assessment (35%) X Evaluators Rating ____ = ____
2. Enrollment Management: 5% - 10%
Desired Percentage ____ X Evaluators Rating ____ = ____
3. Professional Development: 15%
Desired Percentage ____ X Evaluators Rating ____ = ____
4. Scholarly Activity: 0%
Assistant Instructors may not participate in this section.
5. Institutional Involvement: 5%
Desired Percentage ____ X Evaluators Rating ____ = ____
6. Community Service: 0%
Assistant Instructors may not participate in this section.
7. Professional Standards: 10%
 Faculty percentage of overall evaluation is 10% in this area and may not be altered.
 Required Percentage 10% X Evaluators Rating Total ____ = ____
 A. Compliance with work rules and regulations (40%) X Evaluators Rating ____ = ____

B. Adaptability (10%) X Evaluators Rating ____ = ____

C. Communicative Skills (20%) X Evaluators Rating ____ = ____

D. Interpersonal Relations (30%) X Evaluators Rating ____ = ____

Faculty Evaluation Tabulation of Scores.

Section 1 ____

Section 2 ____

Section 3 ____

Section 4 N/A

Section 5 ____

Section 6 N/A

Section 7 ____

Total Evaluation Score: _____ Faculty Rating: _____

Evaluator Comments (optional):

Faculty Member Comments (optional):

Faculty Member Signature Date

Evaluator Signature Date

Dean's Signature Date