

**SOUTHERN UNION STATE COMMUNITY COLLEGE  
INDIVIDUAL DEPARTMENT CHAIR EVALUATION**

**YEAR**

**NAME:**

**DATE:**

**STATUS:**

**REVIEWED BY:**

**DATE:**

The following is a request for information that will assist your Dean in the development of your **annual evaluation**. Please respond to the following items and return them to your Dean within 2 weeks. Please assemble your information in the order of this request. Following receipt of your information, your Dean will contact you for an agreement on a time for your evaluation interview and observation if applicable.

**I. TEACHING RESPONSIBILITIES**

A. Courses you taught last year. **(Include one syllabus, work schedule, any pertinent handouts, etc)**

B. Describe any use of methodology, technology, equipment, library resources, course assessments, student evaluations, etc to improve student learning outcomes.

**I. TEACHING RESPONSIBILITIES**

C. List committees you have served on/other duties in the last year. (Your role/comments)

D. Administrative assignments

**II. PROFESSIONAL DEVELOPMENT/ACHIEVEMENTS (address only those that apply)**

A. List Professional Organizations in which you are a member and leadership roles, etc.

B. List Professional Development Activities/Seminars, Courses, you have attended

C. Certifications achieved

**II. PROFESSIONAL DEVELOPMENT/ACHIEVEMENTS (address only those that apply)**

D. Grants written and/or received

E. Publications/book reviews you have written or read relating to your area/methods

F. Seminars or presentations done

G. Educational Activities/Courses

H. Awards/**Other**



#### **IV.GOALS/ OBJECTIVES**

B. Describe your personal and departmental goals/objectives for the coming year (generally 2-4)

C. Additional comments/concerns/suggestions.





**SOUTHERN UNION STATE COMMUNITY COLLEGE  
DEPARTMENT CHAIR EVALUATION**

FACULTY MEMBER:

YEAR:

STATUS:

DIVISION:

DEPARTMENT:

<b>Performance Categories</b>	<b>* Exceeds Expected Goals</b>	<b>Meets Expected Goals</b>	<b>* Needs Improvement</b>	<b>Does Not Apply</b>
<b>Knowledgeable and teaches well organized, well developed courses which meet course expectations and student needs.</b>				
<b>Demonstrates use of technology and resources to meet and improve student learning and outcomes.</b>				
<b>Student oriented and works well with all types of students. Uses student evaluations to improve teaching and student outcomes.</b>				
<b>Follows posted work schedule and assists students during office hours.</b>				
<b>Meets administrative responsibilities and requests in a timely, accurate, and professional manner.</b>				
<b>Demonstrates an ability to work well with colleagues and administrators contributing to a positive work environment</b>				
<b>Participates in Professional Development. Shows achievement in professional and educational areas.</b>				
<b>Supports and is involved in institutional and community services.</b>				
<b>Meets or shows progress in meeting goals and objectives stated in the last evaluation</b>				
<b>Demonstrates integrity and ethical behavior with colleagues and students.</b>				

\*Requires comments.



**EVALUATION OF DIVISION CHAIR RESPONSIBILITIES**

<b>Performance Categories</b>	<b>*Exceeds Expected Goals</b>	<b>Meets Expected Goals</b>	<b>* Needs Improvement</b>	<b>Does Not Apply</b>
<b>Organizes and leads department meetings to accomplish the goals of the program/division</b>				
<b>Supervises and evaluates faculty performance.</b>				
<b>Consolidates Department budgets</b>				
<b>Develops and submits schedules that demonstrate efficient use of resources</b>				
<b>Coordination of department assessment of instruction</b>				
<b>Adequately staffs adjunct faculty positions as necessary</b>				

**\*Requires comments.**

**This page may be applicable to only a few Instructors and may be omitted from individual evaluation if NONE OF THE ABOVE applies.**

**Employee Comments:**

**Supervisor Comments:**

**ACKNOWLEDGEMENT**

**My signature below acknowledges that I have read and discussed my evaluation with my evaluator. My signature does not imply agreement with the evaluation. (The Information submitted and any Responses will be placed into the individual's personnel file.)**

Faculty Acknowledgement: By checking this box you confirm that you have read the contents of this document

**Faculty**

**Date**

**Evaluator**

**Date**