**EVALUATION FORM: FACULTY COORDINATOR**

To be completed by Dean/Responsible Administrator.

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic year of evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of evaluee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenured/Tenure-track (select one)

(For coordination portion of assignment only)

|  |  |  |
| --- | --- | --- |
| Rated section | DROPDOWN MENU OPTIONS | Comments or examples of behavior |
| **Functional knowledge:** The coordinator understands the rules and regulations, policies,  procedures, practices, and functional relationships of the coordination role. | Exceeds Expectations  Meets Expectations  Needs improvement  Unsatisfactory  Not observed/Not applicable to this position |  |
| **Organization:** The coordinator plans, organizes, and performs administrative functions of the coordination role, and communicates up and down the appropriate lines of communication. |  |  |
| **Guidance:** The coordinator trains others and provides consultation related to their role. |  |  |
| **Collaboration:** The individual works collaboratively with colleagues, other constituents, and administrative personnel in order to effectively represent and advocate for the programs and/or services being coordinated. |  |  |
| **Initiative and ingenuity:** The coordinator identifies and resolves problems, and originates, develops, and implements ideas according to the established processes. |  |  |
| **Adaptability:** The coordinator interacts collegially and effectively with fellow employees, students, and others; demonstrates a positive and open attitude toward their responsibilities; and welcomes input from other campus departments and programs. |  |  |

COMMENDATIONS:

The coordinator demonstrates excellence in the following areas:

RECOMMENDATIONS:

Development needed in present position/areas of growth. Explain what specific improvements

are needed to achieve greater effectiveness in the coordinator role.

EVALUATION SUMMARY:

Explain how this coordinator has met the requirements of her/his coordination role during the

period covered by this evaluation.

GOALS FOR NEXT YEAR:

List goals that should be achieved in this coordinator’s role in the coming year.

OVERALL PERFORMANCE RATING

A. Exceeds expectations.

B. Meets expectations.

C. Needs improvement. (Improvement plan required. See Improvement Plan form.)

D. Is unsatisfactory.

EVALUATOR COMMENTS:

I have met with the evaluee and discussed the evaluee’s evaluation.

Signed:

Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my evaluation.

Signed: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluee