**ANNUAL EVALUATION - DEPARTMENT HEAD SUPPLEMENTAL**

**EVALUATION PERIOD JANUARY 1,**       **THRU DECEMBER 31,**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |       | **Department:** |       | **PIN:** |       |

Pursuant to the EAST TEXAS A&M UNIVERSITY PROCEDURES 12.01.99.R0.02 Annual Evaluation of Faculty and 12.01.99.R0.04 Academic Administrator Evaluation, *academic administrators…are evaluated according to their relative success in working with people, programs, policies, procedures and finances.* This annual evaluation supplement along with the attached Annual Evaluation Report covers the previous calendar year.

**1.** **Recruiting a diverse faculty**

|  |  |
| --- | --- |
| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
|  |
| THIS CRITERIA IS NO LONGER BEING USED |

**2.** **Providing faculty development opportunities**

|  |  |
| --- | --- |
| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**3. Conducting effective faculty evaluation**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**4. Developing curriculum**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**5. Maintaining standards of quality**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**6. Establishing appropriate budgeting procedures and managing fiscal and educational resources**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**7. Communicating skillfully**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**8. Demonstrating initiative**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**9. Demonstrating institutional commitment**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**10. Conducting miscellaneous administrative duties**

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| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**11. OVERALL Evaluation**

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| --- | --- |
| CHECK ONE: | Does Not Meet Expectations (1) [ ] Partially Meets Expectations (2) [ ] Meets Expectations (3) [ ] Exceeds Expectations (4) [ ]  Significantly Exceeds Expectations (5) [ ]  |
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| REMARKS REQUIRED:       |

**12. LIST GOALS AND OBJECTIVES TO BE COMPLETED IN THE NEXT YEAR.**

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| REMARKS REQUIRED:       |

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| **EVALUATOR *(The Dean is the Evaluator)*:** *I have prepared this “Annual Evaluation Report” and reviewed it with the employee:* |
|  |  |  | Date: |  |  |
| *Dean’s Signature* |
|  |
| Type/Print Name: |       | Title: |       |

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| **EMPLOYEE:** *I have read and reviewed the foregoing evaluation. It is my understanding that I may attach comments, if there is a disagreement with the evaluation.* |
|  |  |  | Date: |  |  |
| *Employee’s Signature* |

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| **PROVOST AND Vice President for Academic Affairs:** |
|  | [ ]  I concur with the Dean’s assessment. |
|  |
|  | [ ]  I disagree with the Dean’s assessment. *My reasons are attached.* |
|  |  |  | Date: |  |  |
| *Provost’s Signature* |
|  |
| Type/Print Name: |       |  |