Department Head Annual Evaluation Form

Enhanced Version - 2025

Department Head Name:

Department:

Evaluation Rating Period: January 1, _____ through December 31, _____

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1. STRATEGIC GROWTH AND ENGAGEMENT

Includes but is not limited to: Demonstrates initiative and continuous improvement; leads strategic planning and implementation of departmental initiatives in line with the college vision and university strategic plan; adapts effectively to institutional and external changes; strengthen academic program portfolio to align with student demand and workforce needs; expand outreach and engagement with student, faculty, staff, alumni and the community.

Check one: 1. Does not Meet Expectations ☐; 2. Partially Meets Expectations ☐; 3. Meets Expectations ☐; 4. Exceeds Expectations ☐; 5. Significantly Exceeds Expectations ☐

Optional Remarks: (maximum 500 characters) If remarks exceed 500 characters, attach a separate page to the evaluation form and note in the optional remarks section below.

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2. PERSONNEL MANAGEMENT

Includes but is not limited to: Conducts effective faculty and staff evaluations; facilitates mentoring and professional development opportunities; manages personnel conflicts and performance issues effectively; oversees faculty and staff job searches and hires; ensures compliance with policies for 4th year reviews, tenure and promotion, and post-tenure review; supports recruitment and retention efforts; manages equitable faculty workload.

Check one: 1. Does not Meet Expectations ☐; 2. Partially Meets Expectations ☐; 3. Meets Expectations ☐; 4. Exceeds Expectations ☐; 5. Significantly Exceeds Expectations ☐

Optional Remarks: (maximum 500 characters) If remarks exceed 500 characters, attach a separate page to the evaluation form and note in the optional remarks section below.

3. BUDGET AND RESOURCE MANAGEMENT

Includes but is not limited to: Effectively manages fiscal and educational resources through strategic planning and allocation; secures external funding; authorizes grant proposals and oversees expenditures; approves purchase orders, invoice payments, budget revisions, and faculty/student travel.

Check one: 1. Does not Meet Expectations ☐; 2. Partially Meets Expectations ☐; 3. Meets Expectations ☐; 4. Exceeds Expectations ☐; 5. Significantly Exceeds Expectations ☐

Optional Remarks: (maximum 500 characters) If remarks exceed 500 characters, attach a separate page to the evaluation form and note in the optional remarks section below.

4. INSTRUCTIONAL LEADERSHIP

Includes but is not limited to: Provides leadership in curriculum and scheduling development; actively supports enrollment, retention, and student engagement efforts; conduct and review teaching evaluations; encourage attendance in professional development events about teaching; oversee student grade appeals.

Check one: 1. Does not Meet Expectations ☐; 2. Partially Meets Expectations ☐; 3. Meets Expectations ☐; 4. Exceeds Expectations ☐; 5. Significantly Exceeds Expectations ☐

Optional Remarks: (maximum 500 characters) If remarks exceed 500 characters, attach a separate page to the evaluation form and note in the optional remarks section below.

5. DEPARTMENT CLIMATE AND CULTURE

Includes but is not limited to: Cultivates a welcoming, collegial, and professional environment in the department; complies with all institutional guidelines for fair and equitable treatment of faculty, staff and students; fosters collaboration and shared governance principles; delegates

assignments to faculty and staff to ensure equitable representation while ensuring no inequities in workload

Check one: 1. Does not Meet Expectations ☐; 2. Partially Meets Expectations ☐; 3. Meets Expectations ☐; 4. Exceeds Expectations ☐; 5. Significantly Exceeds Expectations ☐

Optional Remarks: (maximum 500 characters) If remarks exceed 500 characters, attach a separate page to the evaluation form and note in the optional remarks section below.

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6. INTERNAL AND EXTERNAL COMMUNICATIONS

Includes but is not limited to: Demonstrates effective communication and leadership with all stakeholders including community engagement; maintains clear and consistent communication with students, faculty, staff and the Dean's Office; effectively communicates department vision, policies, and initiatives; develop and distribute student recruitment materials

Check one: 1. Does not Meet Expectations ☐; 2. Partially Meets Expectations ☐; 3. Meets Expectations ☐; 4. Exceeds Expectations ☐; 5. Significantly Exceeds Expectations ☐

Optional Remarks: (maximum 500 characters) If remarks exceed 500 characters, attach a separate page to the evaluation form and note in the optional remarks section below.

SUMMARY EVALUATION

SUMMARY OF FACULTY EVALUATION INPUT *(Space for evaluator comments)*

OVERALL EVALUATION

Check one: 1. Does not Meet Expectations ☐; 2. Partially Meets Expectations ☐; 3. Meets Expectations ☐; 4. Exceeds Expectations ☐; 5. Significantly Exceeds Expectations ☐

Comments: (maximum 500 characters) If comments exceed 500 characters, attach a separate page to the evaluation form and note in the comments section below.

DEVELOPMENT PLANNING

GOALS AND OBJECTIVES FOR THE COMING YEAR

Comments: (maximum 500 characters) If comments exceed 500 characters, attach a separate page to the evaluation form and note in the comments section below.

AREAS FOR IMPROVEMENT FROM PRIOR YEAR

Comments: (maximum 500 characters) If comments exceed 500 characters, attach a separate page to the evaluation form and note in the comments section below.

AREAS TO FOCUS ON FOR CONTINUOUS IMPROVEMENT IN THE FOLLOWING YEAR

Comments: (maximum 500 characters) If comments exceed 500 characters, attach a separate page to the evaluation form and note in the comments section below.

EVALUATOR (The dean is the evaluator): *My signature denotes that I have prepared this evaluation and reviewed it with the employee:*

Dean's Signature _____ _____
Date

Typed or Printed Name: _____

EMPLOYEE: *My signature denotes that I have read and reviewed the foregoing evaluation. If I disagree with the evaluation, I understand that I may attach comments.*

Employee's Signature _____ _____
Date

Typed or Printed Name: _____

PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS:

☐ I concur with the Dean's assessment.

☐ I disagree with the Dean's assessment.

Provost's Signature _____ _____
Date

Typed or Printed Name: _____