

# EVALUATION FORM: FACULTY COORDINATOR

To be completed by Dean/Responsible Administrator.

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

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

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

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

Name of evaluatee: \_\_\_\_\_

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

Tenured

Tenure-track (select one)

(For coordination portion of assignment only)

Rated section	DROPDOWN MENU OPTIONS	Comments or examples of behavior
<b>Functional knowledge:</b> The coordinator understands the rules and regulations, policies, procedures, practices, and functional relationships of the coordination role.		
<b>Organization:</b> The coordinator plans, organizes, and performs administrative functions of the coordination role, and communicates up and down the appropriate lines of communication.		
<b>Guidance:</b> The coordinator trains others and provides consultation related to their role.		
<b>Collaboration:</b> 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.		
<b>Initiative:</b> The coordinator identifies and resolves problems and originates, develops, and implements ideas according to the established processes.		
<b>Adaptability:</b> 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. (Refer to Appendix G.)
- D. Is unsatisfactory. (Refer to Appendix G.)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's evaluation.

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

Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my evaluation.

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

Evaluee