Faculty Questionnaire for Dean Evaluation

Please rate the Dean on each of the following dimensions (drawn from the SSU Strategic Plan Goal 5; Professional Development- *Foster continuous professional development of faculty and staff with comprehensive program tied to individual performance reviews.*)

**Instructions**
- Use number 2 pencils only
- Fill in boxes completely
- Erase clearly to change answers
- Do not make any stray marks

*O = Outstanding S = Strong A = Adequate W = Weak U = Unacceptable DK = Don’t Know*

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<td>1. Development and execution of college policy</td>
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<td>2. Provision of academic and scholarly leadership to the department</td>
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<td>3. Maintenance and development of a balanced, interrelated program of research, service and instruction, compatible with departmental missions</td>
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<td>4. Exercise of initiative and judgment in vigorous pursuit of departmental faculty involvement in research, development, and service opportunities</td>
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<td>5. Identification and effective implementation of interdepartmental cooperative ventures</td>
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<td>6. Exercise of mature professional judgment in departmental personnel, program and budget matters, balancing the roles of departmental spokesperson and college administrator</td>
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7. Maintenance of clear, timely communication between the department and the college administration

8. Maintenance of proactive stance toward diversity, policies, and activities

9. Functioning as an academic and scholarly member of the department

10. Indicate the degree of confidence you hold that your Dean should continue in this role in the challenging and competitive years to come.

5 Exceptional Confidence: She/he appears to be doing an outstanding job as chair. I strongly support reappointment.

4 High Confidence: She/he appears to be doing a good job as chair. I support reappointment.

3 Moderate Confidence: She/he appears to be doing an adequate job as chair. I support reappointment with some reservations.

2 Low Confidence: She/he appears to be doing a weak job as chair. I cannot give my support for reappointment.

1 No Confidence: She/he appears to be doing a poor job as chair. I recommend non-reappointment.

Further Comments:
(Attach additional sheets if necessary)

Signature ___________________________________________    Date ____________________

PLEASE RETURN THE COMPLETED EVALUATION BY

________________________________________________________

THANK YOU FOR TAKING TIME TO COMPLETE THIS EVALUATION