Faculty Questionnaire for Periodic Department Chair Evaluation

Please rate the department chair 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

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