

# Program Coordinator Evaluation Performance Review Form

Name \_\_\_\_\_ B# \_\_\_\_\_

Discipline/Institute \_\_\_\_\_ Campus \_\_\_\_\_

Supervising Administrator \_\_\_\_\_

Hire Date \_\_\_\_\_ Tenured \_\_\_Yes \_\_\_No Performance Review Date \_\_\_\_\_

## I. Program Coordinator Self-Evaluation:

The faculty member is responsible for completing and submitting this section prior to the scheduled Program Coordinator performance review. All supporting documentation should also be submitted prior to this meeting.

- a. Acted as a liaison with other areas of the College, external agencies and pertinent professional organizations and their disciplines.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- b. Called faculty meetings for textbook evaluation and adoption.
  - A. Fall Term \_\_\_Yes \_\_\_No \_\_\_N/A
  - B. Spring Term \_\_\_Yes \_\_\_No \_\_\_N/A
- c. Assisted the provost with budget development for program.
  - A. Fall Term \_\_\_Yes \_\_\_No \_\_\_N/A
  - B. Spring Term \_\_\_Yes \_\_\_No \_\_\_N/A
- d. Met with adjunct faculty every semester to discuss issues and improve delivery of course content (may take place via email, conference call or face-to-face).  
\_\_\_Yes \_\_\_No \_\_\_N/A
- e. Coordinated teaching and class schedules.
  - A. Fall Term \_\_\_Yes \_\_\_No \_\_\_N/A
  - B. Spring Term \_\_\_Yes \_\_\_No \_\_\_N/A
- f. Assisted the supervising Administrator in obtaining and training adjunct faculty.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- g. Maintained an active Advisory Committee which meets a minimum of twice a year.
  - A. Fall Term \_\_\_Yes \_\_\_No \_\_\_N/A
  - B. Spring Term \_\_\_Yes \_\_\_No \_\_\_N/A
- h. Conducted and/or coordinated performance reviews of adjunct faculty.
  - A. Fall Term \_\_\_Yes \_\_\_No \_\_\_N/A
  - B. Spring Term \_\_\_Yes \_\_\_No \_\_\_N/A
- i. Performed yearly program/curriculum review and updates as necessary with state and national requirements.  
\_\_\_Yes \_\_\_No \_\_\_N/A

- j. Submitted Annual Review Reports and scheduled site visits as needed for maintenance of programs (Health Sciences, Nursing, PSAV).  
\_\_\_Yes \_\_\_No \_\_\_N/A
- k. Responded appropriately to student requests (such as course overrides, course overloads, Drop/Add, and academic appeals).  
\_\_\_Yes \_\_\_No \_\_\_N/A
- l. Participated in professional organizations (national, state, and/or local).  
\_\_\_Yes \_\_\_No \_\_\_N/A
- m. Adhered to accreditation standards within the discipline.  
\_\_\_Yes \_\_\_No \_\_\_N/A

**By completing this section, I affirm that I have met the primary and other responsibilities as contained in the faculty contract.**

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**Faculty signature**

**Print name**

**Date**

**II. The following section is to be completed by the Administrator prior to the evaluation meeting – The Program Coordinator:**

- a. Was fair and equitable in the treatment of all members of the department.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- b. Evaluated adjunct faculty in a professional and equitable manner.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- c. Was fair and equitable in the treatment of students.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- d. Reviewed and assessed all syllabi and course materials (including textbooks) prior to the second week of the semester.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- e. Responded appropriately to faculty requests.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- f. Assisted with adjunct faculty orientation as needed.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- g. Maintained good communication with the administration and the faculty.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- h. Was knowledgeable about the professional and academic aspects of the program.  
\_\_\_Yes \_\_\_No \_\_\_N/A
- i. Was knowledgeable about accreditation issues related to program.  
\_\_\_Yes \_\_\_No \_\_\_N/A

- j. Represented and marketed program to potential students and external agencies.  
☐ Yes ☐ No ☐ N/A
- k. Participated in college-wide recruitment of faculty as needed.  
☐ Yes ☐ No ☐ N/A
- l. Participated in activities of clubs and organizations related to the program under their coordination.  
☐ Yes ☐ No ☐ N/A

**Comments:**

**III. Goals for the Upcoming Academic Year (to be filled out jointly by the Administrator and the Program Coordinator).** \_\_\_\_\_

[illegible][illegible]

**IV. Based upon this evaluation, I consider the Program Coordinator's overall performance to be:**

- a. ☐ Satisfactory
- b. ☐ Satisfactory, but needs some improvement (complete section below)
- c. ☐ Unsatisfactory (complete section below)

**Comments:** \_\_\_\_\_

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**V. Plan of Action:** \_\_\_\_\_

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**Comments:** \_\_\_\_\_

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Supervisor's Signature

\_\_\_\_\_  
Program Coordinator Signature

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Supervisor's Printed Name

\_\_\_\_\_  
Program Coordinator Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date