



REACTIONS TO THE PERFORMANCE OF INSTRUCTORS BY DEPARTMENTAL CHAIR

Instructor: _____ Semester/Year: _____ Departmental Chair: _____

This report is the Departmental Chair's evaluation of the Instructor's performance.

Duties and Responsibilities	Comments	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Section Does Not Apply
To teach courses as scheduled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To cultivate healthy Instructor-student relationships		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To maintain regular office hours		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To serve on committees when elected or appointed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To make written recommendations to the departmental chair regarding curriculum additions, deletions or revisions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To make recommendations regarding course content and text selections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To prepare course syllabi in the subject matter area and to formulate stated objectives of assigned course(s).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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To participate, as far as possible, in the activities that are sponsored by the College.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To pursue opportunities for professional growth and to stay abreast of recent developments in instructional methodology.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To give full, prompt, and accurate reports to administrative officials as requested.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To make recommendations to administrative personnel regarding academic policy.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To show progress in the profession by fulfilling approved programs of professional growth and development.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To suggest books and instructional materials to be purchased by the library.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations, suggestions, and comments:

I certify by my signature below that this performance review has been discussed with me. I have read and understand the contents. I understand that my signature does not necessarily indicate agreement with statements made herein.

Instructor: _____ Date : _____

I certify by my signature below that the contents of this performance review have been discussed with the instructor.

Departmental Chair: _____ Date : _____

Please make a copy for your and the Instructor's records then return the completed evaluation form to the Temple College Human Resources office.