

PROGRAM MANAGER ASSESSMENT

This form is to be completed by the immediate supervising dean.

Program Manager's Name

ID or SSN

Campus

Program(s) Assigned

Circle the letter which best reflects your assessment of the program manager on the following items:

(A = Excellent, B = Very Good, C = Acceptable, D = Needs Improvement, F = Unacceptable, NA = Not Applicable)

The Program Manager

1. Is fair and equitable in the treatment of all members of the department.
A B C D E F NA
2. Is fair and equitable in the treatment of students.
A B C D E F NA
3. Is knowledgeable about adjunct faculty policies.
A B C D E F NA
4. Is knowledgeable about the Colleague screens and fields necessary to fulfill program management functions.
A B C D E F NA
5. Helps resolve problems and identify solutions.
A B C D E F NA
6. Is knowledgeable about the particular problems of instruction, staffing, and scheduling that the discipline entail.
A B C D E F NA
7. Evaluates adjunct faculty in a professional and equitable manner.
A B C D E F NA
8. Schedules and staffs sections in an efficient and timely fashion.
A B C D E F NA
9. Maintains good communication with faculty and administration.
A B C D E F NA
10. Helps with adjunct faculty orientations.
A B C D E F NA

Items 11-14 are for AS and AAS program managers only.

11. Is knowledgeable about the professional and academic aspects of the programs.

A B C D E F NA

12. Works well with the advisory group or groups related to assigned programs.

A B C D E F NA

13. Is knowledgeable about accreditation issues related to assigned programs.

A B C D E F NA

14. Represents and markets programs to potential students and/or corporate clients.

A B C D E F NA

15. Overall, I would rate this program manager.

A B C D E F NA

Comments

Supervising Dean's Signature

Date

Program Manager's Signature

Date

Distribution: Original to HR Copy to Dean Copy to Program Manager