

PROGRAM MANAGER ASSESSMENT

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

Program Manager's Name	ID or SSN	Campus
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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