

DEPARTMENT CHAIR/PROGRAM DIRECTOR ANNUAL SELF-EVALUATION FORM

Department Chair/Program Director Name: _____

Department/Program Name: _____

Academic Year: _____

Date: _____

I. Activities and initiatives to improve departmental effectiveness, who task is delegated to, and outcome. If any category had no activity during this current academic year, please indicate why.

Activity or Initiative	Delegated to	Outcome
<i>Assessment</i> : events attendance, TaskStream reports summary, list all program Assessment Coordinators and summary of their work within the department		
<i>Adjunct faculty and GTF</i> appointment, orientation, support, and supervision		
<i>Curriculum</i> review, revision, and development		
<i>Departmental administrative management</i> , including, course scheduling; departmental annual report; faculty annual evaluations; financial management; faculty workload and reassigned time; P&B Chair; peer class observations; syllabi review; teaching evaluations review		
<i>Full-time faculty mentoring</i> and support in the pursuit of institutional and outside grants		
<i>Full-time faculty support</i> on scholarly productivity and research activity		
<i>New Faculty</i> recruitment, searches, recommendations, hiring, orientation, support, and mentoring		
<i>Reappointment, promotion and tenure</i> documents preparation		

II. Professional Accomplishments, Research Activity, and Scholarly Writing/Creative Works

Publications and/or Creative Works Completed, and Publically Performed or Presented	
Manuscripts or works accepted for publication or exhibition, and expected dates of publication/show	
Works in progress	
Grant activity (indicate if successful)	
Research in Progress	

III. Classroom Instruction, Student Advisement and Mentoring, and Related Activities

Courses Taught	
Course and Program Curricula Development	
Review and Summary of Teaching Evaluations on File	
Student Advisement and Mentoring	
Student Recruitment Activities	
Student Retention Activities	
Teaching Methods and Strategies	
Technology Used	

IV. Service to the College, City University of New York, Community, and Professional Organizations

College service	
City University of New York service	
Community Service	
Professional Organizations Service	

V. Committee Memberships and Participation Level

Committee (indicate if Chair)	
Committee (indicate if Chair)	
Committee (indicate if Chair)	

VI. Departmental Successes and Challenges

Success /Challenge	
Success /Challenge	
Success /Challenge	
Success /Challenge	

VII. The Coming Year's Top Three Departmental Strategic Goals

Goal 1	
Goal 2	
Goal 3	

VIII. Additional Issues Dean Should Be Aware of

IX. Requests Needing Dean's Support

Dean Name: _____

Dean's Summary of Comments and Recommendations: _____

Dean Signature: _____

Date: _____

Department Chair/Program Director Signature: _____

Date: _____