



Faculty Coordinator Performance Evaluation

Name: _____ Date: _____

Coordinator Role: _____

Evaluating Administrator (s): _____

Rating Scale*:

N/A **DOES NOT APPLY** to this employee at this time, and/or there has been insufficient opportunity to observe and/or reasonably assess performance in this area

(1) Doing **LESS** and/or quality is **LESS THAN EXPECTED** (quality/quantity)

(2) Doing **WHAT IS EXPECTED** in this position (quality/quantity)

(3) Doing **MORE** and/or **BETTER THAN EXPECTED** (quality/quantity)

**Evaluators must explain any rating of less than 2 in the comments section*

Coordinator Effectiveness

Evaluator Observations:

RATING
(1) (2) (3) N/A

1. Demonstrates skills necessary to perform assigned duties
2. Provides clear and concise professional objectives
3. Meets deadlines
4. Demonstrates fiscal responsibility
5. Demonstrates supervising ability
6. Organizes necessary programs and activities to increase efficiency and effectiveness
7. Willing to assist in the needs of the faculty
8. Willing to assist in the needs of the staff
9. Willing to assist in the needs of the students
10. Willing to assist in the needs of the public
11. Demonstrates sensitivity to students from diverse backgrounds
12. Demonstrates organizational skills
13. Demonstrates problem solving techniques
14. Possesses oral communication skills
15. Possesses written communication skills
16. Effectively communicates with supervisor
17. Demonstrates creativity
18. Demonstrates adaptability to flexible work scheduling
19. Effectively communicates with staff in other departments
20. Works cooperatively with staff in other departments
21. Assists in scheduling and staffing needs as necessary
22. Exercises good judgement in the management and use of facilities, equipment & supplies
23. Attends required meetings
24. Provides information for budget development and monitors expenditures as needed

RATING
(1) (2) (3) N/A

Overall Coordinator Effectiveness

(An average rating of 1.5 = an overall average of 2; 2.5 = 3)

Comments by Evaluators
(Attach additional sheets if needed)

Recommendation

Check one of the choices below:

1. Not recommended for continued employment
2. Continued employment contingent upon correction of noted recommendations for improvement
– *Any rating of 2 or lower in the overall categories must include recommendations for improvement (include or attach to evaluation)*
3. Recommended for continued employment

Comments by Faculty Member
(Attach additional sheets if needed)

Note: Attach a copy of the student evaluation summary.

Signature of Employee: _____ **Date:** _____

Signature of Administrator: _____ **Date:** _____

The above signature of the faculty member indicates that the faculty member has been given a copy of this evaluation and has had the opportunity to review it. It does not necessarily denote agreement with all factors of the evaluation