## XX-2 DEPARTMENT CHAIR (WORK AREA) EVALUATION FORM

Name of Department Chair/Work Area Being Evaluated:  Date:	
1.	Does the Department Chair (Work Area) assist in the recruitment and orientation of new instructional staff and if yes, how effectively?
2.	Does the Department Chair (Work Area) advise in the instructional competency of all applicants for vacant positions after consultation with members of the Work Area unit and if yes, how effectively?
3.	Does the Department Chair (Work Area) submit the preferred subject matter preparation and class schedule of unit members within the Department Chair's Work Area consistent with Article XXI and if yes, how effectively?
4.	Does the Department Chair (Work Area) assist in the implementation of the evaluation process as stated in Article XIII relative to relative to the process of evaluation of course materials and if yes, how effectively?
5.	Does the Department Chair (Work Area) assist in the development, dissemination and implementation of Board/ College policies, regulations and procedures which affect the department/Work Area and if yes, how effective?

6.	Does the Department Chair (Work Area) convene department meetings when needed and if yes, how effectively?
Fa	culty Member's Comments (if any):
Te	ar Off
Hr	nit Member will sign before returning to President's designee
EV	aluator:
Da	te:
	ease sign this form in the space at the bottom. Unsigned forms cannot be used. When you have

Please sign this form in the space at the bottom. Unsigned forms cannot be used. When you have completed this form and signed it, tear the signature section from the sheet along the dotted line and hand the two parts separately to the President or the President's designee who will make sure that one of the matching sequence numbers is on each part you hand in.