**(3/16)**

**Evaluation of Department Chair**

**(Yellow Form)**

Instructions: Double-click on the gray blocks to enter information. Save under your own file name. Send hard copy to Jill Trostle, Dean of Faculty Office, no later than Friday, April 15, 2016.

Department Chair: Name

Date: Date

Evaluator: Name

Evaluator’s Signature:

**The department chair has fulfilled Standard Professional Expectations (SPE) as checked below.**

**(Terms covered: Summer 2015, Fall 2015, Spring 2016.)**

**Teaching and Advising:**  Meets SPE       Does not meet SPE

Basis for judgment: Enter paragraph here

**Scholarly and Professional Activities:** Meets SPE       Does not meet SPE

Basis for judgment: Enter paragraph here

**Service:**  Meets SPE       Does not meet SPE

Basis for judgment: Enter paragraph here

**Please indicate below your evaluation of the quality of your department chair’s performance of chairing duties and responsibilities:**

High quality

Satisfactory

Unsatisfactory

**Comments, observations, and recommendations:**

Use this space to comment on the leadership of your department by the current chair.

Enter text here