**DEAN’S APPRAISAL OF Department Heads**

**Calendar Year 2025**

**Department Head Name:**

**Department: Evaluation Period:** January 1, 2025 thru December 31, 2025

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**DH % of Effort** Responsibility Based on the expectations and the set goals, rate this DH as: **Partially Successful/Need Improvement (NI), Successful/Effective Performance (EP), Superior/Highly**

**(from Allocation of Effort) Effective Performance (HE), Distinguished Performance and Role Model Status (DP)**

**\_\_\_\_\_\_% Teaching Teaching \_\_\_\_\_\_\_**

**\_\_\_\_\_\_% Scholarship Scholarship \_\_\_\_\_\_\_**

**\_\_\_\_\_\_% Service Service \_\_\_\_\_\_\_**

**\_\_\_\_\_\_% Outreach & Extension Outreach & Extension \_\_\_\_\_\_\_**

**\_\_\_\_\_\_% Administrative Activities Admin. Activities \_\_\_\_\_\_\_**

 **100 % OVERALL (Regardless of FTE) OVERALL \_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DEAN’S APPRAISAL OF Department Heads**

**DH Name:**

**Department: Evaluation Period:** January 1, 2025 thru December 31, 2025

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Written Summary: Where appropriate, point out those areas where the Department Head has excelled or those areas that can be improved or that need improvement. Provide a *concise* justification for each component of the appraisal.

**Teaching and Advising:**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Scholarship and Creative Activities:**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Service:**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Outreach & Extension:**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**General Administration (Personnel, Budgets, Other Administrative Tasks):**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Students Administration (Scheduling, Curricula, Recruitment, Retention):**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Faculty Administration (Recruitment, Mentoring, Development, Other Tasks):**

* *Strengths:*
* *Weaknesses:*
* *Recommendations:*

**Strategic Plan Administration:**

* *Progress on departmental strategic goals*
* *Proposed strategic goals for Calendar Year 2026*

**Overall Appraisal:**

Acknowledgement Signatures

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Associate Dean’s Signature / Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Dean’s Signature / Date**

**I acknowledge receipt of this evaluation:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Department Head’s Signature / Date**