

Program Coordinator Evaluation
Performance Review Form

Name _____

B# _____

Discipline/Institute _____

Campus _____

Supervising Administrator _____

Hire Date

Tenured Yes No

- j. Submitted Annual Review Reports and scheduled site visits as needed for maintenance of programs (Health Sciences, Nursing, PSAV).
 Yes No N/A
- k. Responded appropriately to student requests (such as course overrides, course overloads, Drop/Add, and academic appeals).
 Yes No N/A
- l. Participated in professional organizations (national, state, and/or local).
 Yes No N/A
- m. Adhered to accreditation standards within the discipline.
 Yes No N/A

By completing this section, I affirm that I have

- IV. Based upon this evaluation, I consider the Program Coordinator's overall performance to be:
- a. ___ Satisfactory
 - b. ___ Satisfactory, but needs some improvement (complete section below)
 - c. ___ Unsatisfactory (complete section below)

Comments: _____

V. Plan of Action: _____

Comments: _____

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Program Coordinator Signature

Gi dYfj]gc fDj Df] bH X B Ua Y

Program Coordinator Printed Name

Date

Date