**Texas State University**

**College of Health Professions**

**Annual Program/Department Chair/School Director Evaluation**

**XXXX (year)**

Name: Faculty Rank:

School/Department/Program: Date Appointed as Chair/Director:

Date of Review:

***Note: This document is intended to be used in conjunction with personal discussion between the chair/director and Dean after review of annual documentation provided by chair/director.***

**Summary Comments**

* 1. **Accomplishments** *(self-assessment related to goals set for the current year)*
  2. **Goals & New Initiatives** *(drafted by Chair/School Director followed by input from Dean)*
  3. **Teaching, Research, Scholarship and Service** *(self-assessment)*
  4. ***Performance Analysis from Faculty Perceptions Instrument***

Size of population

Number of responses

Overall rating of chair/director’s performance

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