

Department Chair Feedback Form - 2022

Start of Block: Instructions

Per **Appendix A-4a (p. 89)** of the *2020-2022 Agreement between the SBCCD and the SBCCDTA, CTA, and NEA*; faculty chairs are to receive feedback from their supervisor regarding collegial completion of their assigned job functions every 2nd semester of the chair's term. This feedback is to include a survey of the department faculty.

Please complete the survey regarding your faculty chair(s), by **5pm** on **May 20**.

If you have any questions about the survey, please contact **Dr. Christopher Crew, Interim District Director of Research, Planning and Institutional Effectiveness**, at **(909) 388-6907** or ccrew@sbccd.edu.

Thank you for your time!

Christopher M. Crew, PhD., Interim District Director

SBCCD Office of Research, Planning and Institutional Effectiveness

sbccd.edu/district-services/research-planning-institutional-effectiveness/index.php

End of Block: Instructions

Start of Block: Demographics

Please select your location.

SBVC

CHC

What is your classification?

- Full-time Faculty
- Part-time Faculty
- Decline to State

End of Block: Demographics

Start of Block: Select your department.

Please select your **PRIMARY** department from the drop-down list below.

▼ CHC - Allied Health Services ... SBVC - Water Supply Technology

End of Block: Select your department.

Start of Block: Do you have a Co-Chair

Does your department have a Co-Chair?

- Yes
- No

End of Block: Do you have a Co-Chair

Start of Block: No Co-Chair

Please enter the name of your Chair (Last Name, First Name).

SECTION 1 OF 2: Please rate your level of agreement with the following questions about communication from your department Chair.

Overall, there was adequate communication from the Chair.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA/Don't Know
-

The department Chair provided adequate communication about the scheduling of courses.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA/Don't Know
-

Did your department Chair hold at least 2 department meetings each semester?

- Yes
 - No
-

SECTION 2 OF 2: Please rate your level of agreement with the following questions about program review, curriculum, and outcome assessment (e.g. SAOs/PLOs/SAOs).

Overall, the Chair provided adequate opportunity to participate/give feedback about processes such as program review, curriculum and outcome assessment?

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

The Chair provided adequate opportunity to participate/give feedback about program review.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

The Chair provided adequate opportunity to participate/give feedback about curriculum.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

The chair provided adequate opportunity to participate/give feedback about outcome assessment.

- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree
- NA



Are there any additional comments or recommendations to help the chair better serve the department?

End of Block: No Co-Chair

Start of Block: Co-Chair 1

Please enter the name of **Co-Chair 1** (Last Name, First Name)

SECTION 1 OF 2: Please rate your level of agreement with the following questions about communication from Co-Chair 1.

Overall, there was adequate communication from **Co-Chair 1**.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA/Don't Know
-

Co-Chair 1 provided adequate communication about the scheduling of courses.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA/Don't Know
-

Did **Co-Chair 1** hold at least 2 department meetings each semester?

- Yes
 - No
-

SECTION 2 OF 2: Please rate your level of agreement with the following questions about program review, curriculum, and outcome assessment (e.g. SAOs/PLOs/SAOs).

Overall, the **Co-Chair 1** provided adequate opportunity to participate/give feedback about processes such as program review, curriculum and outcome assessment?

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

Co-Chair 1 provided adequate opportunity to participate/give feedback about program review.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

Co-Chair 1 provided adequate opportunity to participate/give feedback about curriculum.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

Co-Chair 1 provided adequate opportunity to participate/give feedback about outcome assessment.

- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree
- NA



Are there any additional comments or recommendations to help **Co-Chair 1** better serve the department?

End of Block: Co-Chair 1

Start of Block: Co-Chair 2

Please enter the name of **Co-Chair 2** (Last Name, First Name)

SECTION 1 OF 2: Please rate your level of agreement with the following questions about communication from Co-Chair 2.

Overall, there was adequate communication from Co-Chair 2.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA/Don't Know
-

Co-Chair 2 provided adequate communication about the scheduling of courses.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA/Don't Know
-

Did your Co-Chair 2 hold at least 2 department meetings each semester?

- Yes
 - No
-

SECTION 2 OF 2: Please rate your level of agreement with the following questions about program review, curriculum, and outcome assessment (e.g. SAOs/PLOs/SAOs).

Overall, Co-Chair 2 provided adequate opportunity to participate/give feedback about processes such as program review, curriculum and outcome assessment?

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

Co-Chair 2 provided adequate opportunity to participate/give feedback about program review.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

Co-Chair 2 provided adequate opportunity to participate/give feedback about curriculum.

- Agree
 - Somewhat Agree
 - Somewhat Disagree
 - Disagree
 - NA
-

Co-Chair 2 provided adequate opportunity to participate/give feedback about outcome assessment.

- Agree
- Somewhat Agree
- Somewhat Disagree
- Disagree
- NA



Are there any additional comments or recommendations to help Co-Chair 2 better serve the department?

End of Block: Co-Chair 2
