



NORFOLK STATE UNIVERSITY

Department Chair Evaluation Summary Forms

Faculty Name: _____ ID Number: _____

Department: _____

College/School: _____

Rank: _____ Tenure: Yes ___ No ___

Date Began Service: _____

Today's Date: _____

TABLE 1: Composite Role Rating for Teaching

Teaching	Students	Peers	Dean	Weighted Ratings
Instructional Delivery Skills	30% X []			
Instructional Design Skills	10% X []	20% X []	10% X []	
Content Expertise		20% X []	5% X []	
Course Management		5% X []		
COMPOSITE ROLE RATING (CRR) FOR TEACHING				

TABLE 2: Category Weights

Category	Minimum Weights	Department’s Discretionary Weight	Faculty’s Discretionary Weight	Faculty’s Category Weights (Without Release-time)
Teaching	40%			
Scholarly Activity	15%			
Service and Professional Development	20%			

**TABLE 3: Distribution Weights with
Release-Time**

Category	Faculty's Category Weights (without Release-Time)	Release-Time	Final Distribution Weights (with Release-time)
Teaching			
Scholarly Activity			
Service and Professional Development			

**TABLE 4: Final Evaluation Rating
Computation**

Category	Final Distributions	Composite Role Rating	Weighted Rating
Teaching (T.)			
Scholarly Activity (S.A.)			
Service and Professional Development (S.P.D.)			
Sum			
	Peers	Dean	
Administrative Skills			
	Average of Peers and Dean		
Chair Evaluation Rating (avg. of Sum of T.,S.A.,S.P.D. & avg. Admin. Skills)			

Comments by Dean and Peers (Committee):

Signature below acknowledges that the Chair Evaluation Instrument has been completed as of the date indicated.

_____	_____	_____
<i>Signature (Dean)</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature (Committee)</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature (Committee)</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature (Committee)</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____
<i>Signature (Committee)</i>	<i>Title</i>	<i>Date</i>

Comments by Department Chair:

Signature below acknowledges that the Dean and a representative from my Peers (Committee) have reviewed this completed Chair Evaluation as of the date indicated.

_____	_____	_____
<i>Signature (Department Chair)</i>	<i>Title</i>	<i>Date</i>