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**JRC-DMS Self-Study Faculty Evaluation Questionnaire**

**INSTRUCTIONS**: All faculty members (medical director, didactic, laboratory, and clinical; paid and volunteer) must be given a copy of this questionnaire as a part of the self-study process.

Please rate each of the following items by checking the appropriate rating according to the following scale:

**5** - Excellent **4** - Above Average **3** - Average **2** - Below Average

**1** - Poor **N/A** - Not Applicable

**Name of Program**:

**Your responsibility with the program (check all that apply):**

[ ]  Program Director
[ ]  Clinical Coordinator
[ ]  Medical Director
[ ]  Full-time Faculty Member
[ ]  Part-time Laboratory Instructor [ ]  Paid [ ]  Volunteer
[ ]  Part-time Didactic Instructor [ ]  Paid [ ]  Volunteer
[ ]  Part-time Clinical Instructor [ ]  Paid [ ]  Volunteer

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| I. | **Administrative Support** |  |
|  | A. College Administration (Dean, Division Chair) | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | B. Salary | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | C. Financial Resources | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | D. Teaching Loads | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | E. Communities of Interest (e.g., employers) | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
| II. | **How well do the program resources meet the stated purpose(s) for those resources?** |  |
|  | A. Administrative Support | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | B. Classroom Facilities | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | C. Laboratory Facilities | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | D. Laboratory Equipment and Supplies | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | E. Library / Learning Resource Center | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | F. Overall Clinical Resources | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
| III. | **Faculty (do not rate your own position)** |  |
|  | A. Program Director | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | B. Clinical Coordination (if applicable) | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | C. Medical Director  | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | D. Clinical Faculty | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | E. Other Sonography Faculty (if applicable) | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | F. Science Faculty | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
| IV. | **Curriculum** |  |
|  | A. Depth and Breadth of Program | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | B. Course Sequencing | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | C. General Science Courses | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | D. Basic Sonography Curriculum Content | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | E. Laboratory Practice and Competency Attainment | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | F. Clinical Curriculum Content | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | G. Other (please specify): |  |
| V. | **Clinical Coordination** |  |
|  | A. Communication Between the Clinical Coordinator and Clinical Preceptors | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | B. Clinical Evaluation Instruments | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | C. Parallel Experiences Amongst Students | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | D. Supervision of Students | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | E. Consistency of Evaluation of Students | [ ]  5 [ ]  4 [ ]  3 [ ]  2 [ ]  1 [ ]  N/A |
|  | F. Other (please specify): |       |

What do you consider to be the major strengths of the program?

What areas do you believe need improvement?

**Date**