

**DEPARTMENT HEAD EVALUATION PARTICIPANT LIST**

You requested that staff members in your Department complete the Administrator rating form prepared by Planning and Analysis to help you evaluate and improve your administrative effectiveness. In order to proceed with this process, we would appreciate you completing the following: 1.) Agreement of confidentiality 2.) Distribution of surveys 3.) List of faculty and staff to receive survey.

1.) I understand that staff ratings will be made anonymously and that summary results for the entire group will be sent only to me.

_____	_____
DATE	SIGNED
_____	
DEPARTMENT (Print)	

2.) \_\_\_\_\_ Sent by mail

\_\_\_\_\_ Sent by email

\_\_\_\_\_ Distributed at Faculty meeting

3.) Names of staff members who should be asked to provide ratings: (Include address, if other than the departmental office and if administrating via email, electronically send email addresses to pa@ksu.edu)

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

(Use Additional Forms As Needed)