

Name:

Institution:

# Designing a Department Chair Training Program

Complete the table to map out next steps for setting up or improving your institution's department chair training program.

What decisions are chairs expected to influence and what competencies are they expected to have?	How important are these decisions/competencies to your institution?	Is there currently a training session? If yes, how can you improve? If not, what are highest priority to set up?	Who on your campus will you engage to start or improve the training session or program?
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	

What decisions are chairs expected to influence and what competencies are they expected to have?	How important are these decisions/competencies to your institution?	Is there currently a training session? If yes, how can you improve? If not, what are highest priority to set up?	Who on your campus will you engage to start or improve the training session or program?
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Somewhat <input type="checkbox"/> Very <input type="checkbox"/> Not Important	<input type="checkbox"/> Yes <input type="checkbox"/> No	