



## Teaching Faculty Evaluation Summary Forms

Faculty Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

Rank: \_\_\_\_\_ Tenure: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Date Began Service: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**TABLE 1: Composite Role Rating for Teaching**

Teaching	Students	Peers	Department Head	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 [      ]	
<b>COMPOSITE ROLE RATING (CRR) FOR TEACHING</b>				

**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%			
Professional Development & Service	10%			
University Service	10%			
Community Service	0%			

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

<b>Category</b>	<b>Faculty's Category Weights (without Release-Time)</b>	<b>Release-Time</b>	<b>Final Distribution Weights (with Release-time)</b>
Teaching			
Scholarly Activity			
Professional Development & Service			
University Service			
Community Service			

**TABLE 4: Final Evaluation Rating Computation**

<b>Category</b>	<b>Final Distributions</b>	<b>Composite Role Rating</b>	<b>Weighted Rating</b>
Teaching			
Scholarly Activity			
Professional Development and Service			
University Service			
Community Service			
<b>Evaluation Rating</b>			

**Comments by Department Head and Peers (Committee):**

*Signature below acknowledges that the Teaching Faculty Evaluation Instrument has been completed as of the date indicated.*

\_\_\_\_\_  
*Signature (Department Head) Title Date*

\_\_\_\_\_  
*Signature (Committee) Title Date*

\_\_\_\_\_  
*Signature (Committee) Title Date*

\_\_\_\_\_  
*Signature (Committee) Title Date*

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*Signature (Faculty) Title Date*

**Comments by Faculty Member:**

*Signature below acknowledges that the Department Head and a representative from my Peers (Committee) have reviewed this completed Teaching Faculty Evaluation as of the date indicated.*

\_\_\_\_\_  
*Signature (Faculty) Title Date*