

# College of Business Administration UTF Evaluation Form

Faculty Name:

Title/Designation:

Appointment Period:

Purpose of Evaluation:

## I. Instruction

**A. SOS scores** (compare to appropriate benchmarks such as department and college averages and scores of other faculty teaching identical course; trends of scores should also be considered)

Excellent

Good

Satisfactory

Needs Improvement

Unsatisfactory

Comments:

**B. Grade Distributions** (consider appropriate benchmarks such as other sections of the same course, course level, trends over time, and DEW rates)

Satisfactory

Needs Attention

Comments:

**C. Written Evaluations** (administered with SOS)

Excellent

Good

Satisfactory

Needs Improvement

Unsatisfactory

Comments:

**D. Course Materials** (including syllabi, assignments, exams, final, etc.)

Excellent      Good      Satisfactory      Needs Improvement      Unsatisfactory

Comments:

**E. Office/Contact Hours** (holding appropriate number of office/contact hours given teaching load and appointment)

Satisfactory      Unsatisfactory

Comments:

**F. Peer Evaluations** (if applicable, department chairs select from FA and/or UTF faculty to perform evaluations)

N/A      Excellent      Good      Satisfactory      Needs Improvement      Unsatisfactory

Comments:

**II. Assurance of Learning** (Report any of the following you have engaged in: closing the loop activities, attending Student Learning Community meetings, using CBA assurance of learning rubrics, handouts, videos, and/or collecting/analyzing AoL data.)

Excellent      Good      Satisfactory      Needs Improvement      Unsatisfactory

Comments:

### III. AACSB Qualifications

A. Is qualified by AACSB Standards? Yes (AACSB Class: ) No

B. Meets Participating AACSB Standard? Yes No

(Check all Participating Activities of Faculty during period of review)

Serve on a department, college, or university committee

Engage in academic advising

Engage in research activities

Direct extracurricular activities

Vote in department matters

Participate in professional development activities

Participate in assessment activities

Develop course(s)

Other (please specify)

### IV. Other Evidence:

V. Overall Evaluation: Favorable Needs Improvement Unfavorable

Overall Comments:

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Evaluator:

Date: