

Teaching Award Evaluation Form (to be completed by Awards Committee)

Nominee Name: _____

Reviewer Name: _____

(Check One) Teaching Award _____ Teaching Assistant Award _____

Rating Scale: (low/inadequate) 1 2 3 4 5 (high/exemplary)

Quality of Teaching:	
Teaching activities described in detail	_____
Willingness to solicit feedback, reflect on feedback and implement changes	_____
Knowledge and skills in subject matter	_____
Impact:	
Ability to impact student learning and interest in the topic	_____
Other:	
Credentials of the student and evidence of recognition and achievements (e.g., GPA, published works about teaching, refereed conference presentations about teaching, awards, grants, etc.)	_____
Nomination Letter(s)	_____
Appendices	_____
OVERALL EVALUATION	_____
TOTAL RATING (out of 40)	_____