

ATTACHMENT #2

EVALUATION CRITERIA: (rate each criterion on a 1-5 scale, with 5 being best)
(copy this page as needed for multiple candidates)

TEACHING: candidate's name:

Section	Topic	Score
1	Teaching philosophy	
2	Support of Chair	
3	Student evaluations: numerical evaluations from previous 3 semesters	
4	Student letters of support	
5	Peer letters of support	
6	Innovations in teaching	
7	Examples of exams	
8	Excerpts from syllabi	
9	Evidence of effectiveness	

Maximum Score = 45

ADVISING: candidate's name:

Section	Topic	Score
1	Advising philosophy	
2	Support of Chair	
3	Student letters of support	
4	Peer letters of support	
5	No. advisees over last 3 terms and major advising responsibilities	
6	Innovations in advising	
7	Evidence of effectiveness	
8	Statement of advising innovations needed at UF	

Maximum Score = 40

ATTACHMENT #3

TEACHER/ADVISER OF THE YEAR
DEAN OR DIRECTOR SIGNATURE PAGE

Dean or Director:

I support this nominee _____ for the consideration of a
(insert name here)
teaching or advising award as recommended by the college committee.

Signature: _____

Print name: _____

College: _____

ATTACHMENT #4

TEACHER/ADVISER OF THE YEAR
NOMINEE SIGNATURE PAGE

Nominee:

I permit access to all materials in my portfolio for review by college and/or university-level committee members in relation to the Teacher/Adviser of the Year Award process.

Signature: _____

Print name: _____

College: _____

Date: _____

ATTACHMENT #5

TEACHING/ADVISING AWARDS COVER PAGE

Due January 21, 2011 to Ellen Sattler (esattler@aa.ufl.edu) along with nomination packets being sent forward for consideration for university-wide Awards. Submit one sheet per nominee. Please make copies of this sheet for additional nominees.

Please type in all information:

College: _____

Nominee Information:

Full Name and Title: (Dr., Ms., etc.) _____
(Please indicate name and academic credentials as they should appear on the plaque.)

Rank: _____

Phonetic Pronunciation of Name: _____

UFID: _____ Title: _____

Department and Dept. Code: _____

Award Type: (select one)

___ Teacher of the Year (tenure, tenure-track and other regular faculty appointment including lecturer or clinical faculty but not OPS appointees)

___ Adviser : Professional Staff
 Faculty (tenure, tenure-track and other regular faculty appointment including lecturer or clinical faculty but not OPS appointees)

Award Level: (select one)

___ College-level award only

___ College-level award and university-level award nominee.

(Insert rank, if applicable: _____)

Earning Account Code #: _____

(*Earning Account Code # is the HR Account Number. Only applies to those colleges who are supplying their own funds for the award).

Email address of nominee: _____