POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

Faculty/Staff Handbook [FSH] □ Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment □

Chapter & Title: FSH 2700 Student Evaluations

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

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<thead>
<tr>
<th>Originator(s):</th>
<th>Trish Hartzell, Chair, Teaching &amp; Advising</th>
</tr>
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<tbody>
<tr>
<td>(Please see FSH 1460 C)</td>
<td>Name</td>
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<td>208 885-0572</td>
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Policy Sponsor: (If different than originator.)

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<th>Telephone &amp; Email:</th>
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Reviewed by General Counsel _Yes _X__No Name & Date: ___________________________

I. **Policy/Procedure Statement:** Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.

This is a revision of the student evaluation form that has been updated to ensure that it is useful for both classroom and on-line classes, provides feedback on use of technology in teaching, and lets the student provide course/instructor feedback as it relates to learning.

II. **Fiscal Impact:** What fiscal impact, if any, will this addition, revision, or deletion have? None

Institutional testing and assessment will redesign the website.

III. **Related Policies/Procedures:** Describe other policies or procedures existing that are related or similar to this proposed change.

None

IV. **Effective Date:** This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: ___________________________________________

Track # ______________ Date Rec.: _____________

F&H Appr.: __________

Register: ______________

APM

F&A Appr.: __________

[Office Use Only]