



Mark as shown: Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction: Please follow the examples shown on the left hand side to help optimize the reading results.

1. GENERAL INFORMATION

- 1.1 Why did you choose this course? (Check all that apply)
- | | | |
|--|--|--|
| <input type="checkbox"/> Major requirement | <input type="checkbox"/> Distribution requirements | <input type="checkbox"/> Fit my schedule |
| <input type="checkbox"/> Minor requirement | <input type="checkbox"/> Elective | <input type="checkbox"/> Recommended by a friend |
| <input type="checkbox"/> Other | | |
- 1.2 A syllabus was distributed. Yes No
- 1.3 The syllabus was followed. Yes No
- 1.4 Approximately how many class meetings did you miss? None 1 class 2 to 3 classes
 more than 3 classes
- 1.5 On average how many hours per week did you actually spend completing work outside of this class? Less than 2 hours 2 to 4 hours 4 to 6 hours
 6 or more hours
- 1.6 I consider the amount of outside work required for this course to be: Too little About right Too much
- 1.7 My background knowledge and skills were adequate or appropriate for the requirements of this course. Yes No
- 1.8 The grade I expect to receive in this course is: A B C
 D F INC or WU

2. INSTRUCTIONAL DESIGN SKILLS

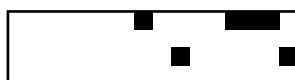
- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Substantial</i> | <i>Adequately</i> | <i>Somewhat</i> | <i>Minimally</i> | <i>Not at all</i> |
| 2.1 The assignments and/or exams contributed to my learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 The textbook or readings enhanced my learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 The course objectives, requirements, and grading policy were clear. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. COURSE MANAGEMENT SKILLS

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Always</i> | <i>Almost always</i> | <i>Frequently</i> | <i>Occasionally</i> | <i>Rarely/Never</i> |
| 3.1 The class met for the entire scheduled time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 Assignments and/or exams were returned promptly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 The instructor was available during posted hours, by appointment or via email. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. PEDAGOGICAL (DELIVERY) SKILLS

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Always</i> | <i>Almost always</i> | <i>Frequently</i> | <i>Occasionally</i> | <i>Rarely/Never</i> |
| 4.1 The instructor was well-prepared and organized. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 The instructor encouraged questions and/or discussions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 The instructor responded to student inquiries and concerns effectively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 The instructor stimulated my interest in the subject. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 The instructor explained concepts clearly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



5. SUMMARY

Excellent Very good Good Fair Poor

5.1 What is your overall rating of this instructor's teaching?

5.2 What is the overall rating of this course?

6. OPEN QUESTIONS

6.1 Comment on what **this instructor** has done especially well.

6.2 Comment on the areas in which **this instructor** could improve his/her teaching.

6.3 Comment on what you believe were the best features of **this course**.

6.4 Identify specific ways **this course** could be improved.

