



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"/> Convenient for 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 provided and clear. Yes No
- 1.3 The syllabus was followed. Yes No
- 1.4 Approximately how many class assignments did you not complete?
- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 assignment | <input type="checkbox"/> 2 to 3 assignments |
| <input type="checkbox"/> more than 3 assignments | <input type="checkbox"/> | |
- 1.5 On average how many hours per week did you actually spend completing work outside of this class?
- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 2 hours | <input type="checkbox"/> 2 to 4 hours | <input type="checkbox"/> 4 to 6 hours |
| <input type="checkbox"/> 6 or more hours | | |
- 1.6 I consider the amount of outside work required for this course to be:
- | | | |
|-------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Too little | <input type="checkbox"/> About right | <input type="checkbox"/> 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:
- | | | |
|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| <input type="checkbox"/> D | <input type="checkbox"/> F | <input type="checkbox"/> INC or WU |

2. INSTRUCTIONAL DESIGN SKILLS

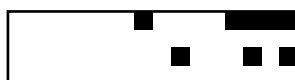
- | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | <i>Substantial</i> | <i>Adequately</i> | <i>Somewhat</i> | <i>Minimally</i> | <i>Not at all</i> |
| 2.1 The assignments and/or exams contributed to my learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <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"/> | <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 assignments and due dates have been scheduled regularly throughout the semester. | <input type="checkbox"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> |



5. SUMMARY

	Excellent	Very good	Good	Fair	Poor
5.1 What is your overall rating of this instructor's teaching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 What is the overall rating of this course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

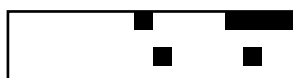
7. ONLINE COURSE EXPERIENCE

	Yes, always	Sometimes, yes	Not usually	Never	Can't say/Not applicable
7.1 Do you have the necessary technological equipment and skills required for this course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Was there adequate technical support if you encountered difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Was the format and page design of the online course easy to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4 Were there sufficient instructions given for you to complete all assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 Did you participate in online or email conversations with your instructor during the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.6 Did you participate in online or email conversations with your classmates during the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. ONLINE LEARNING

8.1 Did you feel hindered in your online course experience in any way? If so, please describe:

8.2 What learning activities most influenced your learning in this course? Please describe:



9. THIS COURSE AS COMPARED TO OTHER COLLEGE COURSES YOU HAVE TAKEN

	<i>Much higher</i>	<i>Average</i>	<i>Much lower</i>
9.1 The intellectual challenge presented was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2 The amount of effort you put into this course was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3 The amount of effort to succeed in this course was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4 Your involvement in this course (doing assignments, etc.) was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



