DIRECTIONS: This is an opportunity for you to express some of your personal views about this class and your instructor. If this questionnaire is going to be meaningful, you will have to respond honestly and in as much detail as possible. Your responses could have a very positive impact on improving instruction. You do not need to sign this form even though your instructor will not receive these evaluations until after the term is over.

INSTRUCTOR ___________________________ COURSE ___________________________

TERM ___________________________ YEAR ___________________________ TIME/DAY ___________________________

Did you receive the following? (Mark X by your answer.)

Yes No
Course syllabus
Course objectives
Grading procedure
Attendance policy

Was It
Clear Unclear

How would you evaluate the following:

The instructor’s preparation for class.

The instructor’s preparation of instructional material.

The examinations (tests, graded papers) in this course.

The assignments in this course.

How do you feel about the way your grade is being determined in this class?

What are the instructor’s teaching strengths, if any?

What are the instructor’s teaching weaknesses, if any?

Would you recommend this instructor to another student needing the same course? Yes No

Do you feel comfortable enough to ask questions in class and/or seek needed assistance outside of class? Yes No

What grade do you expect to receive in this course?

What is your overall evaluation of this instructor? Superior (one of the best) Above average (better than most)

Average (about as good as the others) Poor (much worse than most)

Additional comments:

Retained by instructor after completion of term.

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