

Project Name

Section 1
Background Information:

Year in School

- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Other

Expected Grade

- A
- B
- C
- D
- F
- P
- NP
- ?

Are you taking this course as a requirement for?

- Major
- Minor
- Core
- Related Field
- Elective
- None

Are you currently working? If yes,

- Part-time (20 hours or less)
- Full-time (Over 20 hours per week)
- I'm not currently working

Section 2

- To What Extent Do You Feel That:

The instructor was concerned about student learning?

- 1. Very low or Never
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

- 8.
- 9. Very high or always
- Not applicable

Class presentations were well prepared and organized?

- 1. Very low or Never

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

- 9. Very high or always
- Not applicable

Students felt welcome seeking help inside and outside of class?

- 1. Very low or Never

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

- 9. Very high or always
- Not applicable

The instructor valued your input?

- 1. Very low or Never

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

- 9. Very high or always
- Not applicable

The instructor was an effective instructor?

- 1. Very low or Never

- 2.
- 3.
- 4.

- 5.
- 6.
- 7.
- 8.
- 9. Very high or always
- Not applicable

Section 3
Your View of Course Characteristics:

Subject interest before the course

- Low
- Medium
- High
- N/A

Subject interest after the course

- Low
- Medium
- High
- N/A

Quality of course content

- Low
- Medium
- High
- N/A

Workload/pace was

- Too slow
- Medium
- Too High
- N/A

Graded assignments/exams

- Poor
- Average
- Above Average
- Excellent

- Instructor presentations

- Poor
- Average
- Above Average
- Excellent

- Class discussions

- Poor
- Average
- Above Average
- Excellent

Section 4
Comments:

- Please identify what you perceive are the strengths of the instructor and the course.

- Please identify what you perceive are the weaknesses of the instructor and the course.