

**EVALUATION OF INSTRUCTOR**

Term \_\_\_\_\_ Course number and section: \_\_\_\_\_

INSTRUCTOR'S NAME: \_\_\_\_\_

	<b>Instructor</b>	<b>Never</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Mostly</b>	<b>Always</b>
1	Subject matter was organized and instructor was well prepared for class.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2	Paced lectures reasonably and used class time efficiently	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3	Examinations effectively evaluated course material & coverage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4	Presented clearly and intelligibly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5	Raised challenging questions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6	Stimulated interest and deeper thinking in the subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7	Handled student questions well/ understood when class did NOT understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8	Provided clear and comprehensive explanations and materials	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9	Was available during office hours and offered assistance as needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10	Demonstrated enthusiasm in the subject matter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
					<b>TOTAL</b>	

TEACHING ASSISTANT'S NAME: \_\_\_\_\_

	<b>Teaching Assistant</b>	<b>Never</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Mostly</b>	<b>Always</b>
1	Was prepared for the lab exercises	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2	Presented the laboratory subject matter in a clear and organized manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3	Gave clear explanations and answers to your questions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4	Had a strong command of the subject matter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
					<b>TOTAL</b>	

*Please provide any comments or suggestions regarding course content, Instructor(s) and/or Teaching Assistant(s).*

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