COURSE EVALUATION

Course # and Title _____
Instructor _____Date_____

1) How well was the course organized?

Very well						Very badly
7	6	5	4	3	2	1

2) How much did you learn in the course?

A great deal						Very little
7	6	5	4	3	2	1

3) How appropriate was the intellectual level of the course?

Too rigorous						About right
7	6	5	4	3	2	1

4) How appropriate was the work load in terms of course requirements?

Too demanding			About right			Not challenging enough
7	6	5	4	3	2	1

5) How knowledgeable about the subject matter did the professor seem to be?

Very knowledgeable						Not at all knowledgeable
7	6	5	4	3	2	1

6) How do you rate the overall quality of instruction for the course?

Very high						Very low
7	6	5	4	3	2	1

7) Was the professor accessible for questions, feedback, etc.?

Always						Never
7	6	5	4	3	2	1

8) Were class meetings generally held as scheduled or appropriately rescheduled?

Always						Never
7	6	5	4	3	2	1

9) Would you recommend this course with this instructor to a friend?

Yes No Not Sure

10) If you wish, use the back of this form to make comments.

A. If you wish, comment on the extent to which the goals of the course have been made clear and the extent to which expectations have been fulfilled.

B. If you wish, make suggestions about the changes in the course or the way it is taught that would in your estimation enhance student learning.

C. If you wish, make any additional comments or suggestions below.