

## SCHEDULE F- 3A - STUDENT EVALUATION FORM FOR TEACHING FACULTY

*To be completed by students during evaluations of teaching faculty.*

Name of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Course Title: \_\_\_\_\_

Your anonymous, thoughtful responses to the following questions will help your instructor improve his/her teaching and this course. The evaluation is completely anonymous. Thank you for your participation in this important process.

Check the box next to the answer that best describes your response to the following statements.

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>PLANNING</b>						
My instructor shows evidence of advanced preparation.						
I always know the objectives for the class session.						
My instructor provides clear and meaningful instruction and/or activities related to content and objectives.						
<b>COMMUNICATION</b>						
My instructor demonstrates effective written and oral communication skills.						
My instructor demonstrates patience, fairness, and promptness in evaluating my work.						
<b>INSTRUCTION</b>						
My instructor presents material/lessons in an organized manner.						
My instructor uses class time effectively.						
My instructor makes reasonable provisions for differences in ability, experience, physical disability, and cultural values.						
My instructor is knowledgeable about the course material.						
My instructor encourages student engagement.						
My instructor demonstrates enthusiasm for subject matter.						
The course materials (assignments, handouts, webpages, etc.) are clear and helpful.						

