

**SCHEDULE F-3D - STUDENT EVALUATION FORM FOR LEAD LEARNING  
DISABILITY SPECIALISTS**

Name of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
Course Title: \_\_\_\_\_

Your thoughtful responses to the following items will help your instructor improve their teaching and this course. This evaluation should be done anonymously. Your written responses will be typed and given to the instructor. Thank you for your cooperation.

**PART 1:** With respect to your experience in this instructor's classroom, lab, and/or faculty office, please comment on their strengths and/or areas that could be improved.

**PART 2:** Choose the answer that best describes your response to the following statements. If an item is not applicable to a particular course, subject, or instructor, choose F.

**A. Strongly agree B. Agree C. Neutral D. Disagree E. Strongly disagree F. No opinion**

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|---|-------------|
| 1. I understand the instructor's explanations.  | A B C D E F |
| 2. Instructor respects and listens to student's needs and concerns.                                       | A B C D E F |
| 3. Instructor is available to speak with students.  | A B C D E F |
| 4. Instructor is typically on time for appointments.  | A B C D E F |
| 5. I understand what is expected of me in this class.   | A B C D E F |
| 6. Instructor provides an effective learning environment.   | A B C D E F |
| 7. Instructor helps me understand my learning differences and suggests ways to assist me in my education. | A B C D E F |
| 8. Overall, I think the instructor is effective.  | A B C D E F |