

# Student Evaluation of Teaching

Name of the Instructor: \_\_\_\_\_

Course Name: \_\_\_\_\_

Date (Month/Day/Year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## I. Circle the appropriate number in the following items.

	Unacceptable					Outstanding				
1. Presented Material	1	2	3	4	5	6	7	8	9	10
2. Organization	1	2	3	4	5	6	7	8	9	10
3. Clear Objectives	1	2	3	4	5	6	7	8	9	10
4. Fulfilled Objectives	1	2	3	4	5	6	7	8	9	10
5. Clear Assignments	1	2	3	4	5	6	7	8	9	10
6. Stimulated Interest	1	2	3	4	5	6	7	8	9	10
7. Graded Fairly	1	2	3	4	5	6	7	8	9	10
8. Appropriate Exam	1	2	3	4	5	6	7	8	9	10
9. Accessibility	1	2	3	4	5	6	7	8	9	10
10. Preparation	1	2	3	4	5	6	7	8	9	10

## II. Comments on the following two points.

1. Strengths of this instructor

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2. Points with which this instructor would be able to improve his/her teaching

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Thank you very much for your cooperation.