TEACHING EVALUATION QUESTIONNAIRE

Course Name & Number: .................................................................

Please take a few minutes to complete this evaluation form. Your comments are very important to us for the improvement of the organization and the quality of teaching in this course. Your responses and comments are anonymous.

Date of Lecture: .................................................................

Name of Lecturer: .................................................................

Title of Lecture: .................................................................

Student’s Program: .................................................................

Registration in course:  For credit ☐; Auditing ☐;

Did you have an adequate background for this course?  Yes ☐; No ☐

Previous relevant courses/lectures taken .................................................................

EVALUATION CRITERIA Excellent Very Good Good Average Marginal Poor Cannot Assess

1. Organization of lecture ☐ ☐ ☐ ☐ ☐ ☐ ☐
2. Quality of presentation ☐ ☐ ☐ ☐ ☐ ☐ ☐
3. Quality of audiovisual aids ☐ ☐ ☐ ☐ ☐ ☐ ☐
4. Quality of notes (where applicable) ☐ ☐ ☐ ☐ ☐ ☐ ☐
5. Lecturer’s knowledge of subject ☐ ☐ ☐ ☐ ☐ ☐ ☐
6. Ability to clarify concepts ☐ ☐ ☐ ☐ ☐ ☐ ☐
7. Ability to stimulate interest ☐ ☐ ☐ ☐ ☐ ☐ ☐
8. Ability to answer questions ☐ ☐ ☐ ☐ ☐ ☐ ☐
9. Ability to elicit thinking ☐ ☐ ☐ ☐ ☐ ☐ ☐
10. Overall teaching effectiveness ☐ ☐ ☐ ☐ ☐ ☐ ☐

A. Additional comments on lecture:

B. Suggestions for improvement of lecture:

C. Additional comments (continue on back page):