

## STUDENT EVALUATION OF PART-TIME INSTRUCTOR

DATE \_\_\_\_\_ COURSE: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ SECTION NUMBER: \_\_\_\_\_

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

- |     |   |  |  |  |  |
|-----|---|--|--|--|--|
| 1.  | Did your instructor supply you with a syllabus?   | Yes <input type="checkbox"/>                 | No <input type="checkbox"/>              |  |  |
| 2.  | When did you receive the syllabus?  | 1 <sup>st</sup> <input type="checkbox"/>     | 2 <sup>nd</sup> <input type="checkbox"/> | 3 <sup>rd</sup> <input type="checkbox"/>         | 4 <sup>th</sup> <input type="checkbox"/> meeting or other: _____ |
| 3.  | How well did your instructor explain how your final grade would be calculated?                        | <u>Very Well</u><br><input type="checkbox"/> | <u>Well</u><br><input type="checkbox"/>  | <u>Not Very Well</u><br><input type="checkbox"/> | <u>Never Explained</u><br><input type="checkbox"/>               |
|     |   | <u>Always</u>                                | <u>Most Always</u>                       | <u>Sometimes</u>                                 | <u>Rarely</u> <u>Never</u>                                       |
| 4.  | Did your instructor come to class prepared?   | <input type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/> <input type="checkbox"/>                |
| 5.  | Does your instructor start class on time?   | <input type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/> <input type="checkbox"/>                |
| 6.  | How often does your instructor present the subject matter clearly?                                    | <input type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/> <input type="checkbox"/>                |
| 7.  | If exams and quizzes were given, were they reflective of the material covered in class?               | <input type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/> <input type="checkbox"/>                |
| 8.  | Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner? | <input type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/> <input type="checkbox"/>                |
| 9.  | Did your instructor show interest in your success and progress?                                       | <input type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/> <input type="checkbox"/>                |
| 10. | Did your instructor give more than one explanation of difficult concepts?                             | <input type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/> <input type="checkbox"/>                |
| 11. | Did your instructor encourage students to participate in class discussions?                           | <input type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/> <input type="checkbox"/>                |

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