Instructor Name: __________________________   Date: ______________

Course Name and Number: _____________________________  Term: ______________

Please circle a rating for each question below and provide any additional comments.

1. Rate the effectiveness of this instructor’s classroom presentation (e.g. preparedness, depth of knowledge, engaged students, delivery, format, use of illustrative examples, etc.).
   Ineffective  Low  Average  High  Extremely Effective

Please comment in the space below about the instructor’s effectiveness.

2. Rate the instructor’s attitude toward students (e.g. openness to questions, availability outside of class, adherence to scheduled class times, willingness to provide guidance, general attitude toward students, etc.)
   Ineffective  Low  Average  High  Extremely Effective

Please comment in the space below about the instructor’s attitude.

3. Rate the overall effectiveness of the instructor’s contributions to the course (e.g. content presented and/or exercise assigned advanced knowledge of course topic, instructor contributed to advancing knowledge, etc.)
   Ineffective  Low  Average  High  Extremely Effective

Please comment in the space below about the instructor’s contributions to the course.
4. Rate the overall effectiveness of the instructor.

Ineffective  Low  Average  High  Extremely Effective

Please comment in the space below about the effectiveness of the instructor.

Please provide any additional comments or recommendations.