

CENTRALIA COLLEGE

STUDENT EVALUATION OF FACULTY

INSTRUCTOR: _____ DATE: _____

CLASS TITLE: _____ COURSE & SECTION: _____

The instructor for this course asks you to objectively respond to this survey. Your responses to these questions are totally confidential. This evaluation is collected and compiled by the staff in Instruction. If you feel any statement does not apply, or you are not able to give a knowledgeable response, simply leave the item blank. Thank you for taking a few minutes to answer these questions. Your instructor will find the results helpful as he or she plans for future classes.

ACCEPTABLE MARK <input checked="" type="radio"/>	UNACCEPTABLE MARKS <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
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YES/NO SECTION:

	Yes	No
1. Were you provided with a course syllabus during the first week of class?	(1)	(0)
2. Do you understand the grading system provided on the syllabus?	(1)	(0)
3. Do you understand the class rules and procedures?	(1)	(0)
4. Do you understand the course objectives?	(1)	(0)

RATING SECTION:

Answer on a range from 1 to 4. 1 is poor/low and 4 is excellent/high.

	N/A	Poor		Excellent
5. I am able to understand the class assignments after they have been explained.	(0)	(1)	(2)	(3) (4)
6. I have been able to reach my instructor for out of class assistance during his/her office hours or by appointment.	(0)	(1)	(2)	(3) (4)
7. I was informed about campus resources (library, labs, counseling, etc.) as needed.	(0)	(1)	(2)	(3) (4)
8. The tests and assignments are related to the lab, class, and textbook material.	(0)	(1)	(2)	(3) (4)
9. I find the instructor organizes and presents material in a way that contributes to my ability to understand the material.	(0)	(1)	(2)	(3) (4)
10. I received grades and useful feedback on tests and assignments within a reasonable time.	(0)	(1)	(2)	(3) (4)
11. I am provided an opportunity to ask questions during class.	(0)	(1)	(2)	(3) (4)
12. I believe the information presented is relevant to the course objectives.	(0)	(1)	(2)	(3) (4)
13. I feel that my opinions and viewpoints are respected by the instructor.	(0)	(1)	(2)	(3) (4)
14. I receive timely responses to my out-of-class inquires (e.g. telephone messages, e-mails, etc.)	(0)	(1)	(2)	(3) (4)

This section for lab classes ONLY. If this is not a lab class, leave blank and skip to #18.
In laboratories and shop areas:

	N/A	Poor		Excellent
15. Safety is emphasized.	(0)	(1)	(2)	(3) (4)
16. I am learning about relevant environmental and health standards.	(0)	(1)	(2)	(3) (4)
17. I am provided with demonstrations of skills I need to learn.	(0)	(1)	(2)	(3) (4)

Mark responses below

	1 qtr.	2 qtrs.	3 qtrs.	4 or more
18. How many quarters have you been a student at Centralia College?	(1)	(2)	(3)	(4)
	0-2	3-5	6-8	9 or more
19. How many of the required sessions of this class did you miss?	(1)	(2)	(3)	(4)

COMMENT SECTION:

20. Why would you recommend this class to another student?

21. Additional comments: