

Project Name

Course: Course Title

Instructor: Instructor Name

1. Your statement and opinions will be returned directly to the Department Chair for use in improving the quality of instruction and for evaluating faculty performance. The Department Chair will summarize the opinions expressed by all students in this class and discuss them with the instructor. We appreciate your thoughtful assistance and your cooperation in completing the Student Opinion of Instruction Form.

Please mark the response that best fits your opinion. If the question is not applicable to this particular class, do not answer that question.

1- I took this class to satisfy:

Major Requirement

Minor Requirement

General Elective
Requirement

Elective Credit

General Interest

jn

jn

jn

jn

jn

2- Expected class grade:

A

B

C

D

F

jn

jn

jn

jn

jn

3- Before taking this class my interest in this subject was:

Very High

High

Average

Low

Very Low

jn

jn

jn

jn

jn

4- Before taking this class my knowledge in this subject was:

Very High

High

Average

Low

Very Low

jn

jn

jn

jn

jn

5- After taking this class my knowledge in this subject is:

Very High

High

Average

Low

Very Low

jn

jn

jn

jn

jn

Content, Structure and Organization of the Course

6- My instructor distributed and followed a clear, well-organized course syllabus.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

jn

jn

jn

jn

jn

7- My instructor's methods and materials help me learn.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

jn

jn

jn

jn

jn

8- Examinations/assignments reflect materials covered in the class.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

in

in

in

in

in

5

6

18- 4. What areas of this faculty member's performance need improvement?

5

6

19- 5. Additional comments about this course and/or the instructor.

5

6