

# FACULTY DEMO FEEDBACK FORM

*Please rate the demos on how well the instructor is able to connect to the class. The instructor should not be judged on the ability to complete the topic in the given time.*

Instructor \_\_\_\_\_ Training \_\_\_\_\_

Date \_\_\_\_\_ City \_\_\_\_\_

Participant's Name \_\_\_\_\_ Topic \_\_\_\_\_

Please rate the following aspects of today's demo session

	Excellent	Good	Average	Poor	Very Poor
1. Instructor's knowledge/ understanding of the subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Instructor's ability to explain key concepts/patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Taking relevant examples/tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Voice clarity/volume/speed/ communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write your comments here-