

STATUS OF EMPLOYMENT: EVALUATION

LEARNER SURVEY

**PLEASE WRITE: COURSE NUMBER AND SECTION ON THE TOP RIGHT CORNER OF
SCANTRON FORM**

PLEASE DO NOT WRITE YOUR NAME ON ANY OF THE MATERIALS

Section I. Use the scale below to indicate your agreement with the following statements. Each statement will have 5 possible responses:

A—Strongly Agree B—Agree C—Neutral D—Disagree E—Strongly Disagree

- _____ 1. The instructor was well prepared for each class.
- _____ 2. The instructor's grading practices were consistent.
- _____ 3. The instructor presented material clearly.
- _____ 4. The instructor treated students with respect.
- _____ 5. The instructor made assessment results available within a reasonable period of time.
- _____ 6. The course requirements as stated in the course outline or syllabus were clearly and consistently applied.
- _____ 7. The instructor usually followed the class schedule.
- _____ 8. The instructor was available to me on matters pertaining to the course.
- _____ 9. The instructor encourages me to develop Critical Thinking skills.
- _____ 10. The instructor creates an atmosphere in which ideas can be exchanged freely.

**PLEASE WRITE ANSWERS TO THE "COMMENTS" QUESTIONS ON THE BOTTOM RIGHT
CORNER OF SCANTRON FORM.**

Section II. Comments: (Optional)

1. What are the strengths of this course?
2. What suggestions do you have for the course to be improved?

**PLEASE DO NOT WRITE ON THIS SHEET.
WRITE RESPONSES ON THE RIGHT SIDE OF SCANTRON FORM.**