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.