

Student Evaluation of Instructor Effectiveness

Instructor: _____

Course # & Name: _____ Date: _____

1. What did you like most about this course?
2. What, if anything, would you like to change about this course?
3. What are your instructor's strengths?
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4. What, if anything, could your instructor have done differently to help you better learn the course material?
5. What, if anything, could you have done differently to be more successful in this course?

Other comments:

Please use the reverse side of this paper if necessary.