



LECTURER EVALUATION FORM

Please note: To improve the Institute's teaching quality and academic qualifications, please complete this evaluation form based on your personal opinion. Do not write your name on any page.

Academic Year: _____ 1st Semester 2nd Semester Summer Session

Lecturer Name: _____

Course Number: _____ Course Name: _____

Please check (✓) in the evaluation table below your own opinion about a lecturer's teaching skills and academic knowledge.

4 = Excellent, 3 = Good, 2 = Fair, 1 = Poor

Topics of Evaluation	Level of Evaluation			
	4	3	2	1
1. Course objectives and requirements were clearly presented to me.				
2. The lecturer was well prepared and organized.				
3. The lecturer explained the material clearly.				
4. The lecturer was sensitive to my/the class's ability to understand the material.				
5. The lecturer stimulated enthusiasm for the subject matter of the course.				
6. The lecturer provided scheduled office hours or was readily available for consultation with me.				
7. The lecturer was fair and impartial in dealing with me.				
8. The lecturer encouraged me to think for myself.				
9. The examinations were relevant to the reading assignments and to the material presented in class.				
10. The lecturer used good communication skills.				
11. As a result of having this lecturer, I have learned a significant number of new ideas and / or skills.				
12. All things considered, I was favourably impressed by this lecturer.				

Please make further suggestions on the back.

