

APPENDIX E-8.D

STUDENT EVALUATION OF INSTRUCTIONAL SPECIALIST

DATE: _____

INSTRUCTOR: _____

DEPARTMENT: _____

SUCCESS CENTER: _____

Please respond honestly to the statements listed below.

DO NOT SIGN YOUR NAME.

DO NOT EVALUATE OTHER MEMBERS OF THE TEACHING TEAM.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | No Opinion |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Used allotted time productively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assisted me in understanding requirements for completing the work I needed to do in the Center. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If needed, referred me to other college and/or community services for additional information and assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I would feel comfortable working with this instructor again. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Explained materials and assignments clearly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was prepared to help me with the assignments that I needed to complete. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Used helpful teaching materials. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Presented subject matter clearly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Related course material to other fields where possible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Gave explanations that helped me to learn the course material. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Showed interest and enthusiasm for the course material. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Showed interest in my success and progress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Gave more than one explanation of difficult points. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Encouraged me to participate in discussing the material. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Specific comments on the strengths and weaknesses of the Instructional Specialist:

Specific suggestions on how the course or appointment might be improved (continue on back if needed):
