

Year 4: Student Evaluation of Elective AY2008-2009 -- Class of 2009

Name: <input type="text" value="SELECT STUDENT NAME"/>	Class of 2009
If your name doesn't appear on the list, please enter it here: <input style="width: 100%;" type="text"/>	
Elective: <input style="width: 100%;" type="text" value="Select your Course"/>	If you are evaluating an Extramural or Individually Designed Elective, please select "Individually Designed" or "Extramural" in the box and then type in the course Name: <input style="width: 100%;" type="text"/> Institution: <input style="width: 100%;" type="text"/> Address: <input style="width: 100%;" type="text"/>
Elective End Week: <input type="text" value="Choose End Week"/>	Credit Hours: <input type="text" value="Choose Hours"/>

Please provide feedback on this elective course in the following areas.

	Disagree	----->		Agree	
1. List the faculty with whom you worked most closely and answer the following: S/he was an effective teacher.					
<input style="width: 100%;" type="text" value="Choose One"/> If Other: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input style="width: 100%;" type="text" value="None"/> If Other: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input style="width: 100%;" type="text" value="None"/> If Other: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. The faculty/department was prepared for my arrival.					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Stated course objectives accurately reflected the course.					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. I was able to meet my personal learning objectives.					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Evaluation methods used were appropriate and fair.					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Course length was appropriate to content and activities.					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. How much DAILY time did you generally spend on required activities and independent learning?				<input type="text" value="Hours"/>	Hours per day
8. Should the course be offered in less time?				<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Disagree	----->		Agree	

9. I would recommend this elective to other students.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Poor	----->			Excellent
10. Overall rating of the course (poor = 1 to excellent=5).	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11. Suggestions for course improvements:					
<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>					
<p>COMMENTS: Please provide comments: constructive criticism is both valuable to faculty and appreciated.</p> <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>					

IF YOU DO NOT SUBMIT THIS COMPLETED FORM, YOU WILL NOT RECEIVE CREDIT FOR THIS COURSE.

Contact us:
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