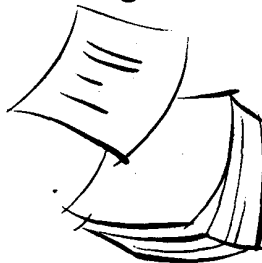


Central High School Student Rating of Instructor



Teacher:

Date:

Course:

Please circle the number which best reflects your evaluation:

1=Unsatisfactory 2= Marginal 3=Satisfactory 4=Above Average 5=Exceptional N=Not Applicable

- 1) Clarity of course goals and objectives 1 2 3 4 5 N
- 2) Did the teacher seem prepared for class most days? 1 2 3 4 5 N
- 3) Was the teacher able to explain the material clearly? 1 2 3 4 5 N
- 4) Was the teacher able to encourage you to participate in class? 1 2 3 4 5 N
- 5) Did the teacher hand back graded material in a timely manner? 1 2 3 4 5 N
- 6) Was the teacher available for help when it was asked for? 1 2 3 4 5 N
- 7) Did the course meet the stated goals and objectives? 1 2 3 4 5 N
- 8) Overall, how was the teacher and the class (please write one or more sentences)?
- 9) What would you change (or keep) to make the class better?
- 10) What aspects of this class did you enjoy most and why?

