

Marin Community College District

STUDENT EVALUATION OF COURSE AND INSTRUCTOR

Date: _____ Instructor's Name _____

Course Title and Number _____ Days and Hours _____

The following information is requested of you by your instructor for his or her use in maintaining the quality of instruction.

(5) Strongly Agree, (4) Agree, (3) Neutral, (2) Disagree, (1) Strongly Disagree

1. The requirements for the course have been made clear.
2. The instructor was available during scheduled office hours.
3. The instructor seemed genuinely concerned with student achievement.
4. Challenging questions and problems for discussion were raised in class.
5. Student questions and opinions were encouraged.
6. Class presentations appeared organized and clearly presented.
7. Major points of the course were clearly identified in class.
8. The course has stimulated my interest in the subject.
9. Helpful examples or illustrations were used to clarify course content.
10. Audio or visual aids helped your understanding of the course content.
11. The overall value of class discussions has been valuable.
12. The overall value of the laboratory experience has been valuable.
13. The overall quality of instruction in this course has been valuable.
14. Students are given an opportunity to participate in class activities.
15. Students are treated with courtesy.

----- STUDENTS IN NON-CREDIT CLASSES STOP HERE AND GO TO QUESTION #31 -----

16. Course requirements were clearly presented.
17. Students were informed how they were to be evaluated.
18. Examinations reflected the emphasized aspects of the course.
19. The course covered the material described in the catalog description.
20. The course appeared difficult given my level of preparation.
21. This course demands more study than other courses of equal credit.
22. The students were encouraged to think analytically.
23. The text presented its material clearly.

Student Evaluation of Course and Instructor Continued

(1) Too Difficult, (2) Difficult, (3) Appropriate, (4) Too Easy, (N/A) Not Applicable

- 24. I consider the level of difficulty of the text to be
- 25. I consider the level of difficulty of the supplementary readings to be
- 26. I rate the level of difficulty of the examinations as
- 27. I rate the level of difficulty of the lectures as

Optional Supplementary Student Data

- 28. Which of the following best describes this course for you?
(1) Major requirement, (2) Minor requirement, (3) College requirement, (4) Elective, (5) Other
- 29. What is your approximate grade point average?
(1) 3.5 - 4.0, (2) 3.0 - 3.49, (3) 2.5 - 2.99, (4) 2.0 - 2.49, (5) Below 2.0
- 30. How long have you attended college?
(1) First year, (2) Second year, (3) more than two years, (4) Graduate Student, (5) Other
- 31. Which is your age group?
(1) Below 18, (2) 18 - 22, (3) 23 - 30, (4) 31 - 50, (5) Over 50
- 32. **(1) Male, (2) Female**

Please Indicate the Following

- 33. The best features of this class

- 34. Any undesirable features of this class

- 35. Changes, if any, that you would suggest

Additional Items Added by the Instructor