STATE OF NORTH CAROLINA

Form F-17
(Rev. 8/00)

STUDENT EVALUATION OF INSTRUCTORS

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INSTRUCTOR _____

INSTITUTION/AGENCY _____

BLOCK OF INSTRUCTION _____ **DATE** _____

	UNACCEPTABLE			ACCEPTABLE	
VALUES	**1=POOR**	**2 = FAIR**	**3 = GOOD**	**4 = EXCELLENT**	**5 = SUPERIOR**

Please circle the appropriate value adjacent to each question**.**

Instructor Qualities

1.	Appearances.	1 2 3 4 5
2.	Gestures.	1 2 3 4 5
3.	Verbal Pauses	1 2 3 4 5
4.	Grammar	1 2 3 4 5
5.	Pronunciation	1 2 3 4 5
6.	Enunciation	1 2 3 4 5
7.	Voice	1 2 3 4 5
8.	Rate - Too Fast or Too Slow	1 2 3 4 5
9.	Eye Contact	1 2 3 4 5
10.	Enthusiasm	1 2 3 4 5

SUBTOTAL ___ ___ ___ ___ ___

SUBTOTAL BROUGHT FORWARD ___ ___ ___ ___ ___

II **Organization And Presentation**

1.	Were the major objectives of the course made clear?	1 2 3 4 5
2.	How well was the class presentation planned and organized?	1 2 3 4 5
3.	Was the course material clearly explained?	1 2 3 4 5
4.	Did test questions fairly reflect the course content?	1 2 3 4 5
5.	Was class time well used?	1 2 3 4 5
6.	Do you feel that your questions were adequately answered by the instructor?	1 2 3 4 5
7.	Do you believe the instructor encouraged relevant student involvement in the class?	1 2 3 4 5
8.	Did the instructor react to student viewpoints different from his in a positive manner?	1 2 3 4 5
9.	How would you describe the instructor's attitude in class toward you, the student?	1 2 3 4 5
10.	How would you rate the instructor's quality and use of training aids?	1 2 3 4 5

TOTAL ACROSS ___+___+___+___+____

CUMULATIVE TOTAL _____

INSTRUCTOR RATING FORMULA:

CUMULATIVE TOTAL . 20 = INSTRUCTOR RATING

Comments

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