



Mark as shown: Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction: Please follow the examples shown on the left hand side to help optimize the reading results.

WHY YOU SHOULD COMPLETE THIS EVALUATION

The university is dedicated to continuously improving classroom instruction. As a way of furthering this mission, we value your input regarding your direct experience in this course. **Your responses are part of the overall faculty evaluation process and can help both the university and your professor better understand your classroom experience and the impact it has on your learning.**

INSTRUCTIONS

Please read the instructions at the beginning of each section carefully. **All your responses will be kept anonymous. Faculty will not see your responses until AFTER final grades have been submitted.**

Thank you for completing this survey!

1. THE COURSE

Indicate below how each aspect of the course **impacted your learning**, ranging from "Did not help at all" to "Helped a great deal" or by indicating the level present for that aspect. If you are unable to evaluate a particular aspect in anyway, please choose "NA" ("Not Applicable").

1.1 The class assignments/ projects/ activities were: Easy Difficult NA

1.2 The class assignments/ projects/ activities: Did not help at all Helped a great deal NA

1.3 Comments on class activities:

1.4 Class discussions occurred: Never Frequently NA

1.5 The class discussions: Did not help at all Helped a great deal NA

1.6 Comments on class discussions:

1.7 The exams/ quizzes/ tests were: Easy Difficult NA

1.8 The exams/ quizzes/ tests: Did not help at all Helped a great deal NA

1.9 Comments on exams/ quizzes/ tests:

1.10 The way this course was organized: Did not help at all Helped a great deal NA

1.11 Comments on course organization:

1.12 The pace of this course was: Slow Fast NA

1.13 The pace at which this course progressed: Did not help at all Helped a great deal NA



1. THE COURSE [Continue]

1.14 Comments on course pace:

- | | | | | | | | | | |
|---|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|----|
| 1.15 Overall, the course: | Did not help at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helped a great deal | <input type="checkbox"/> | NA |
| 1.16 I know more about this subject now than I did before I took this course. | Strongly Disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly Agree | <input type="checkbox"/> | NA |
| 1.17 My skills in this area have improved as a result of taking this course. | Strongly Disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly Agree | <input type="checkbox"/> | NA |
| 1.18 My appreciation of this subject increased as a result of taking this course. | Strongly Disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly Agree | <input type="checkbox"/> | NA |
| 1.19 The learning objectives of the course were met. | Strongly Disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly Agree | <input type="checkbox"/> | NA |

2. THE PROFESSOR

Indicate below how each aspect of the course **impacted your learning**, ranging from "Did not help at all" to "Helped a great deal" or by indicating the level present for that aspect. If you are unable to evaluate a particular aspect in anyway, please choose "NA" ("Not Applicable").

- | | | | | | | | | | |
|--|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|----|
| 2.1 The professor's presentations/ explanations: | Did not help at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helped a great deal | <input type="checkbox"/> | NA |
|--|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|----|

2.2 Comments on presentations/ explanations:

- | | | | | | | | | |
|--|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|----|
| 2.3 The professor's enthusiasm for the subject was: | Low | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High | <input type="checkbox"/> | NA |
| 2.4 The professor's level of enthusiasm for the subject: | Did not help at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helped a great deal | <input type="checkbox"/> | NA |

2.5 Comments on enthusiasm:

- | | | | | | | | | |
|---|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|----|
| 2.6 The professor stimulated my interest in the subject: | Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Frequently | <input type="checkbox"/> | NA |
| 2.7 The level at which the professor stimulated my interest in the subject: | Did not help at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helped a great deal | <input type="checkbox"/> | NA |

2.8 Comments on interest stimulated:

- | | | | | | | | | |
|---|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|----|
| 2.9 The professor's interactions with me: | Did not help at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helped a great deal | <input type="checkbox"/> | NA |
|---|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|----|

2.10 Comments on interactions:

- | | | | | | | | | |
|--|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|----|
| 2.11 The professor provided feedback on my work: | Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Frequently | <input type="checkbox"/> | NA |
| 2.12 The professor's feedback on my work: | Did not help at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helped a great deal | <input type="checkbox"/> | NA |



2. THE PROFESSOR [Continue]

2.13 Comments on feedback:

2.14 The professor challenged me to learn: Never Frequently NA2.15 The level at which this professor challenged me to learn: Did not help at all Helped a great deal NA

2.16 Comments on challenge:

2.17 Overall, the professor: Did not help at all Helped a great deal NA**3. Additional comments**3.1 What aspect(s) of your **classroom experience (course, professor, etc.)** helped your learning most?3.2 What aspect(s) of your **classroom experience (course, professor, etc.)** could have been changed to help your learning?

4. THE STUDENT

The information in this section is important for the *purposes of improving teaching and grouping responses into similar classifications*. **Your responses below will NOT impact the validity of your responses** in the previous sections. Please answer each statement honestly.

- 4.1 Are you taking this course as part of your major/minor? No Yes Not Sure
- 4.2 How many class meetings did you miss in this course? None 1-2 3-4
 5-6 7 or more
- 4.3 Approximately how many hours *per week* did you spend on this course outside of the classroom? None 1-3 4-6
 7-9 10-12 13 or more
- 4.4 How often did you seek the professor's assistance? Never Rarely Periodically
 Frequently Always
- 4.5 Based on the professor's expectations, how often were you fully prepared for class? Never Rarely Periodically
 Frequently Always
- 4.6 I believe my final grade in this course will be: A AB B
 BC C CD
 D F S
 P U
- 4.7 I am: Female Male Prefer not to answer
- 4.8 I consider myself to be: Asian Black Caucasian/White
 Hispanic/Latino Multi-Ethnic Native American
 Pacific Islander Prefer not to answer
- 4.9 My current status at UT is: Freshman Sophomore Junior
 Senior Graduate Student Other

THANK YOU for completing this survey!

