



Student Evaluation Form

Please do not sign your name to this evaluation.

Name of course you have completed: _____

Please rate the following items on a scale from 1 to 10 Relevance of Subject Matter
(Circle one) No relevance Average Relevance Right on Target

1 2 3 4 5 6 7 8 9 10

Usefulness of Textbook (Circle one) Not useful Average Very Useful

1 2 3 4 5 6 7 8 9 10

Teacher (Circle one) Poor Average Excellent

1 2 3 4 5 6 7 8 9 10

The teacher's strengths are:

The teacher's weaknesses are:_____

Practicality of the Course (Circle one) Poor Average Excellent

1 2 3 4 5 6 7 8 9 10

Classroom Setting (Circle one) Poor Average Excellent

1 2 3 4 5 6 7 8 9 10

Course Value to You Personally (Circle one) Poor Average Excellent

1 2 3 4 5 6 7 8 9 10

Life Change as a Result of the Class (Circle one)

None Some A Lot