

# Student Rating of Courses and Teaching



Instructor Name: \_\_\_\_\_ Course No: \_\_\_\_-\_\_\_\_ Course Title: \_\_\_\_\_

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## Section I. Course Questions: Please respond to each question by filling in one bubble.

The course ...	Disagree Strongly	Disagree	Neither Agree Nor Disagree	Agree	Agree Strongly
1. content was well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. objectives were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. materials (e.g., readings, handouts, videos) contributed to my learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. helped me learn concepts and methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. improved my ability to communicate clearly about the subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. enabled me to think independently about the subject matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.					