Student Evaluation Form J: Clinical/Studio Course

Instructional A ssessment System





Fill in bubbles darkly and completely. Erase errors cleanly.

Instructor	Course	_ Course		Section				
Clinical Site (if appropriate)					Date			
Completion of this questionnaire is volunt	ary. You are fre	e to leave s	ome or a	II que	stions u	ınansı	wered.	
The rotation/studio as a whole was:		Excellent	Very Good	Good	Fair	Poor	Very Poor	
2. The procedures/skills taught were:		O	0	0	0	0	0	
3. The instructor's contribution to the rotation/stud	dio was:	0	0	0	0	0	0	
4. The instructor's effectiveness in teaching was:		0	0	0	0	0	0	
Rate your instructor on each of the follow	ing:	and the second s	Δ			NACKAL GASTANCES (CASTANCES)		
5. Knowledgeable and analytical		O	(O)	0	0	0	0	
6. Clear and organized		0	0	0	0	0	0	
7. Enthusiastic and stimulating		1/00	0	0	0	0	0	
8. Challenging		76	0	0	0	0	0	
9. Established rapport			0	0	0	0	0	
10. Actively involved me in learning experiences	Min	0	0	0	0	0	0	
11. Provided direction and feedback		0	0	0	0	0	0	
12. Demonstrated clinical/professional skills and p	rocedures		0	0	0	0	0	
13. Accessible		0	0	0	0	0	0	
14. Your involvement with the instructor:	O Extensive	○ Con	siderable	iderable O Moderate		0	Slight	
15. On average, how many hours per week have yon this rotation/studio?	you spent	O Under 2 O 2 - 3 O 4 - 5	0 6 - 7 0 8 - 9 0 10- 11	0	12 - 13 14 - 15 16 - 17	0 20	3 - 19 0 - 21 2 or more	
16. From the total average hours above, how man consider were valuable in advancing your edu		O Under 2 O 2 - 3 O 4 - 5	0 6 - 7 0 8 - 9 0 10- 11	O 14 - 15 O 2		3 - 19 0 - 21 2 or more		
17. Year in program:	OF	irst OS	second () Third	0	Fourth	or more	
18. Your program (choose one):	O Baccalaur O Masters O PhD			O Professional O Resident O Post-doctoral fellow			Other	