University of Pittsburgh School of Nursing Evaluation of Teaching Effectiveness*

Instr	uctor's Name:						
Depa	artment and Course Number:						
<u>own</u> to yo Regi	r instructor would like your opinion opinions without regard to those of our instructor after the term is over strar. Please complete this question to be partment offering the course.	other studer and final gr	nts. These evalu ades have been	nations will be released reported to the	d		
1.	Compared to other courses at the same level, how much did <u>you</u> contribute to your own learning in terms of:						
	(A) Amount of Studying(B) Class Participation	Much Less	About the Same	Much More ——			
2	(C) Completion of Assignments						
2.	(A) Strengths/Weaknesses:	OKGANIZA	TION, USE OF	CLASS TIVIE			
	(B) Suggestions for Improvement:	:					
3.	PRESENTATION OF COURSE CONTENT (e.g., Teaching Style, Use of Examples)						
	(A) Strengths/Weaknesses:						
	(B) Suggestions for Improvement:	:					

4.	INTERACTION WITH ST	on Skills, Fee	edback)					
	(A) Strengths/Weaknesses:							
	(B) Suggestions for Improv	vement:						
5.	INTEREST IN TEACHING (e.g., Enthusiasm, Motivation of Students)							
	(A) Strengths/Weaknesses:							
6.	(B) Suggestions for Improvement: Please indicate how much each of the following contributed to your learning in this							
	course.	Very	Moderate	Very	Not			
		<u>Little</u>	<u>Amount</u>	Much	<u>Applicable</u>			
	Textbooks Assigned Readings							
	Recommended Readings							
	Homework Assignments							
	Classroom Activities							
	Classroom Discussion Written Paper(s)							
	Oral Presentation(s)							
	Examination(s)							
	Quizzes Handouts							
	Use of Course Web							
	Other Comments:			<u></u>				

^{*}Adapted from Qualitative Questionnaire from the Office of Measurement and Evaluation of Teaching