

Course No.		AY:	
Segment		QTR:	
Instructor Name			

***Please type Course No, Segment & Instructor Name in above space.
 *If more than one instructor please submit a separate SOF for each.
 *To enter SOF response type an "X" under the appropriate column.**

	Strongly Agree	Agree	No Strong Opinion	Disagree	Strongly Disagree	No comment
	5	4	3	2	1	0
1. The course was well organized.						
2. Time in class was spent effectively.						
3. The instructor seemed to know when students didn't understand the material.						
4. Difficult concepts were made understandable.						
5. I had confidence in the instructor's knowledge of the subject						
6. I felt free to ask questions.						
7. The instructor was prepared for class.						
8. The instructor's objectives for the course have been made clear.						
9. The instructor made this course a worthwhile learning experience.						
10. The instructor stimulated my interest in the subject area.						
11. The instructor cared about student progress and did his/her share in helping us to learn.						

PLEASE USE THE FOLLOWING SCALE FOR THE NEXT FIVE ITEMS:

5. Outstanding (top 10%)	3. About Average (Middle 40%)	1. Poor (lowest 10%)
4. Excellent (top 30%)	2. Fair (lowest 30%)	0. Not Applicable

	O	E	A	F	P	NA
	5	4	3	2	1	0
12. Overall, I would rate this instructor						
13. Overall, I would rate this course						
14. Overall, I would rate the textbook(s)						
15. Overall, I would rate the quality of exams						
16. Overall, I would rate the laboratories						

FOR THE STUDENT: THIS IS IMPORTANT DATA.

AFTER ALL GRADES HAVE BEEN TURNED IN TO THE REGISTRAR, THE COMMENTS AND A STATISTICAL SUMMARY OF THE INFORMATION FROM THESE FORMS WILL BE RETURNED TO THE INSTRUCTOR FOR COURSE EVALUATION AND TEACHING IMPROVMENT PURPOSES. THE STATISTICAL SUMMARY WILL ALSO BE USED BY THE ADMINSTRATION FOR EVALUATION OF TEACHING EFFECTIVENESS.

DATA OBTAINED UNDER AUTHORITY OF 5 USC 301.