

دانشگاه علوم پزشکی و خدمات بهداشتی، درمانی تهران پردیس بین الملل Tehran University of Medical Sciences International Campus

## **Course Evaluation form**

This form is distributed toward the end of the semester to provide an opportunity to express your views on this course and to rate the instruction. The purposes of obtaining the information are to assist in the improvement of instruction and to provide one source of data for administrative evaluation or recognition of faculty performance. It will serve these purposes best if items are answered carefully and honestly as you reflect back on the course. If an item seems inappropriate for this course, please leave it blank.

When you are finished, return the form to Educational office for evaluation. Ratings will not be available to the instructor until after final grades have been submitted.

Best Regards

## Course Name: Instructor(s) Name:

Row	Question	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	The Instructor was consistently well- prepared	0	0	0	0
2.	The Instructor made me feel free to ask questions	0	0	0	0
3.	The Instructor responded to students' questions and comments	0	0	0	0
4.	The Instructor's examples and illustration were clear and concise	0	0	0	0
5.	The Instructor managed class time effectively	0	0	0	0
6.	The Instructor was readily available for consultation with students	0	Ο	0	0
7.	The Instructor English is understandable	0	0	0	0
8.	Over all The Instructor was effective in her/his academic role	0	0	0	0