

CLASS EVALUATION FORM FOR INSTRUCTORS

(to be completed by the last day of instruction)

COURSE TITLE: _____

INSTRUCTOR: _____ SEMESTER: _____

WE URGE THAT YOUR COMMENTS REFLECT REASONABLE EXPECTATIONS AND ASSESSMENTS.

ABOUT PREPARATION

1. When you were approached to teach, were you given a clear understanding of
 - a. OLLI and where you would fit in? _____
 - b. what was expected of you and when? _____
 - c. what you could expect for support? _____
2. What more would you have liked to know or to be provided beforehand? _____

ABOUT THE EXPERIENCE ITSELF

1. What services provided by the OLLI staff were most helpful to you? _____
How could the OLLI staff be more helpful? _____
2. Suggestions regarding
 - a. room set-up and use _____
 - b. text purchase and distribution _____
 - c. days and hours courses are offered _____
3. Comments about students
 - a. regularity of attendance _____
 - b. clarity about the nature of your course when enrolling _____

(OVER→)

- c. participation during class time_____
 - d. preparation between classes_____
4. What benefit accrued to you from teaching this course?_____
- _____
5. What could improve the experience for you?_____
6. Do you want to discuss your concerns and ideas about this course or possible future courses with a member of the Curriculum Committee? If so, please contact the Curriculum Chair through the OLLI office.

AFTER ALL

- 1. Was the experience enjoyable?_____
- 2. What would you like to teach next?_____
- 3. Please recommend another potential faculty member?_____