

STUDENT EVALUATION QUESTIONNAIRE

Please use a pen to complete and sign the form.

Evaluation of _____
(Faculty Member's Name)

1. Which courses and/or labs did you have with this faculty member? What other interactions did you have, e.g. as advisor, comps advisor, or work supervisor? Please complete the following:

Course or Other Interaction		Academic		Are/were you a major/minor in this person's department?
No.	Title	Year	Term(s)	

2. Please briefly describe the criteria you use to judge the effectiveness of a faculty member at Carleton.
3. Which qualities of a faculty member are most helpful to your learning?
4. Based on the criteria you use to evaluate faculty members, what are this faculty member's strengths? How and how well did they help you to learn? (Continue on back or separate sheet of paper if need be.)

5. Does this faculty member have weaknesses that affected your learning? If so, please describe their weaknesses and how they affected your learning.
6. Are there any aspects of this faculty member's scholarly or creative work, or breadth of intellectual interest, that enhance their teaching effectiveness? If so, please explain.
7. Please list up to seven of the most effective faculty you have had at Carleton (including this faculty member, if appropriate).
8. Keeping in mind all the faculty you have had at Carleton, please check the phrase below that most closely reflects your rating of this faculty member:

among the least effective <input type="checkbox"/>	considerably less effective than average <input type="checkbox"/>	less effective than average <input type="checkbox"/>	of average effectiveness among Carleton faculty <input type="checkbox"/>	more effective than average <input type="checkbox"/>	considerably more effective than average <input type="checkbox"/>	among the most effective <input type="checkbox"/>
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INFORMATION BELOW MUST BE INCLUDED IN ORDER FOR THIS QUESTIONNAIRE TO BE CONSIDERED IN THE REVIEW. IT WILL BE DELETED WHEN VIEWED BY FACULTY MEMBERS.

Name: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Signature: _____

If you have any questions please contact Becky Krogh, Academic Projects Specialist, at 507-222-4311 or bkrogh@carleton.edu.