This form is sent when we don't have a person's email address. It looks slightly different then the online form, but both evaluations contain the same questions.

## STUDENT EVALUATION QUESTIONNAIRE

Please use a pen to complete and sign the form.

Eva	aluation of			
	(Faculty Member's Name)			
1.	Which courses and/or labs did you have with this faculty member? comps advisor, or work supervisor? Please complete the following:		ctions did you h	ave, e.g. as advisor
	Course or Other Interaction  No. Title	Academic Year	Term(s)	Are/were you a major/minor in this person's
	No. The	Teal	Term(s)	department?
	This information is prepopulated for those completing			
	the form online. They have the option to add			
	additional information or note any corrections to the			
	Prepopulated information.			
3.	Which qualities of a faculty member are most helpful to your learn	ing?		
4.	Based on the criteria you use to evaluate faculty members, what ardid they help you to learn?	e this faculty membo	er's strengths?	How and how well

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.	7. Please list <u>up to seven</u> of the most effective faculty you have had at Carleton (including this faculty member, if appropriate).											
8.	Keeping in min		you have had a	at Carleton, please <u>chec</u> l	<u>k</u> the phrase b	elow that most cl	osely reflects you	r				
	among the	considerably	less	of average effectiveness	more	considerably	among the					
	least	less effective	effective	among Carleton faculty	effective	more effective	most					
	effective	than average	than average		than average	than average	effective					
 INF	ORMATION B	ELOW MUST	BE INCLUDI	ED IN ORDER FOR '	THIS QUEST	TIONNAIRE TO	<u> BE</u>					
<u>co</u>	NSIDERED IN	THE REVIEW	. IT WILL E	BE DELETED WHEN	VIEWED BY	FACULTY ME	EMBERS.					
	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.