

DATE:

ECPS Summative Peer Teaching Evaluation: Student Feedback Form

Please comment on the following aspects of Dr. _____ teaching as you have experienced it in this class (EPSE/CNPS _____):

1. Today's Class Session *(Was today's class a good representation of how this course is usually run? In other words, was it typical of what you expect when you come to class? What was different (if anything?)*

2. Teaching of Course Materials *(e.g., Is course material presented clearly and at a reasonable pace? Is material presented using visual aids, examples, or exercises that help you understand it better? Are you given the opportunity to ask questions? Does the instructor provide help inside or outside the classroom when requested?)*

3. Course Assignments, Evaluation, and Feedback *(e.g., Are the course assignments, tests, or homework focused on the material you are learning? Are course assignments, tests, or homework helpful to your learning? Are the expectations and evaluation clear? Do you receive useful and timely feedback?)*

4. General Learning Environment *(e.g., Does the instructor treat students with care and respect? Does the instructor seem interested in your learning? Is the classroom atmosphere supportive?)*