

SRT FORMS

Standard / General Format

Adult Special Education

Distance Learning (SSTP)

English As A Second Language

Health Sciences Laboratory or Clinical Instructor

**COLLEGE OF NEW CALEDONIA
STUDENT REPORT ON TEACHING - S.R.T.**

(Yellow form)

The following questionnaire is intended to provide students with the opportunity to provide feedback on their instructor's teaching performance. Please be objective and helpful in your responses. The results and comments will be made available to the instructor **after final grades for the course are submitted.**

Date:

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. At the beginning of the course, the instructor made the course objectives / goals clear.						
2. At the beginning of the course, the instructor made the method of evaluation clear.						
3. The course objectives are being met.						
Comments:						

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
4. The instructor encourages questions and/or discussion of concepts and ideas.						
5. The instructor handles student questions appropriately and competently.						
6. I found the assignments to be effective for increasing my understanding and knowledge of the subject.						
Comments:						

OVER >>

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
7. The instructor presents the course material well.						
8. The instructor demonstrates an understanding of the material.						
9. The classes are well organized.						
Comments:						

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
10. The instructor is available either through office hours, by appointment, by e-mail, and/or phone.						
11. The grading of the assignments is prompt (where applicable).						
12. The grading of the exams is prompt (where applicable).						
Comments:						

INSTRUCTOR RATING	Excellent	Good	Satisfactory	Poor	Very Poor
13. On the basis of my answers to the above questions, I would rate the instructor's overall teaching performance as:					
Comments:					

COLLEGE OF NEW CALEDONIA
STUDENT REPORT ON TEACHING - S.R.T.
Adult Special Education

The following questionnaire is intended to provide students with the opportunity to provide feedback on their instructor's teaching performance. Please be objective and helpful in your responses. The results and comments will be made available to the instructor after final grades for the course are submitted.

Date:

INSTRUCTOR RATING	YES	NO	NO COMMENT
1. At the beginning of the program, the instructor explained what I would be learning.			
2. At the beginning of the program, the instructor explained how I would be evaluated.			
3. The program is what I was told it would be.			

INSTRUCTOR RATING	YES	NO	NO COMMENT
4. The instructor lets me ask questions.			
5. The instructor lets me share my ideas.			
6. The class work is related to employment.			

INSTRUCTOR RATING	YES	NO	NO COMMENT
7. The instructor teaches in a way that I understand.			
8. I know where the instructor's office is.			
9. I am welcome to talk to the instructor in his/her office.			

STUDENT REPORT ON TEACHING - S.R.T. (Cont'd)

INSTRUCTOR RATING	YES	NO	NO COMMENT
10. The instructor meets with me to let me know how I am doing.			
11. The work I do in class helps me prepare for job training.			
12. At the end of my training, I was given a clear evaluation of what I did well and what I need to improve on.			

INSTRUCTOR RATING	Excellent	Good	Satisfactory	Poor	Very Poor
13. On the basis of my answers to the above questions, I would rate the instructor's overall teaching performance as:					

Comments:

a) The things I feel the instructor does well are:

b) Things the instructor could do to improve are:

COLLEGE OF NEW CALEDONIA
STUDENT REPORT ON TEACHING - S.R.T.
Distance Education

(Blue form)

The following questionnaire is intended to provide students with the opportunity to provide feedback on their instructor's teaching performance. Please be objective and helpful in your responses. Return in the self-addressed, stamped envelope provided. The results and comments will be made available to your instructor **after final grades are submitted**. Please circle your response.

Course:

Date:

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. At the beginning of the course, the instructor made the course objectives clear.						
Comments:						
2. At the beginning of the course, the instructor made the grading policies clear.						
Comments:						
3. All the course objectives were met.						
Comments:						
4. The schedule of contact hours was made clear at the beginning of the course.						
Comments:						
5. The procedure for contacting the instructor was made clear at the beginning of the course.						
Comments:						
6. The instructor could be contacted during scheduled contact hours.						
Comments:						

OVER

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
7. The instructor demonstrated an understanding of the material.						
Comments:						
8. The instructor encouraged questions.						
Comments:						
9. The instructor encouraged discussion of course related topics.						
Comments:						
10. The instructor handled student questions appropriately.						
Comments:						
11. The assignments increased my understanding of the subject.						
Comments:						
12. The instructor provided sufficient support.						
Comments:						
13. The grading of work was prompt.						
Comments:						

INSTRUCTOR RATING	Excellent	Good	Satisfactory	Poor	Very Poor
14. Overall, I would rate the instructor's teaching performance as:					
Comments:					

COLLEGE OF NEW CALEDONIA
STUDENT REPORT ON TEACHING - S.R.T.
English As A Second Language

(Purple form)

The following questionnaire is intended to provide students with the opportunity to provide feedback on their instructor's teaching performance. Please be objective and helpful in your responses. The results and comments will be made available to the instructor after final grades are submitted.

Date:

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. At the beginning of the course, the instructor explained the course goals clearly.						
2. At the beginning of the course, the instructor explained the method of marking clearly.						
Comments:						

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
3. The instructor encourages questions and discussion.						
4. The instructor answers student questions well.						
5. The assignments helped me learn.						
Comments:						

OVER >>

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
6. The instructor teaches the course material well.						
7. The instructor shows that he/she understands the material.						
8. The classes are well organized.						
Comments:						

INSTRUCTOR RATING	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
9. It is possible to talk to the instructor in his/her office, on the phone or by e-mail.						
10. The instructor gives back our corrected work quickly.						
11. The instructor marks quizzes quickly.						
Comments:						

INSTRUCTOR RATING	Excellent	Good	Satisfactory	Poor	Very Poor
12. The instructor's teaching is:					
Comments:					

Approved: May 2002
 Minor Revision: September 2005

COLLEGE OF NEW CALEDONIA

FORMATIVE EVALUATION OF
HEALTH SCIENCES
LABORATORY OR CLINICAL INSTRUCTOR

Your assistance in evaluating your Laboratory or Clinical Instructor is greatly appreciated. Please be fair, honest, realistic and as objective as you possibly can.

It is most helpful if you can provide constructive comments, examples and specific suggestions that would promote your instructors's development. Section "E" and "F" are provided for your comments.

This evaluation is confidential and the collective 'instructor ratings' are typed out separately to ensure anonymity. The 'original' results and comments will be made available to the instructor after final grades for the course are submitted.

If a question does not apply to you, please choose N/A (Not Applicable).

Thank you for taking the time to complete this form.

COLLEGE OF NEW CALEDONIA
FORMATIVE EVALUATION OF
HEALTH SCIENCES
LABORATORY OR CLINICAL INSTRUCTOR

Name of the course: _____ Date: _____

Length of laboratory or clinical experience: _____ weeks

Please circle your response for sections A, B and C according to the following key:

Consistently 1	Usually 2	Sometimes 3	Rarely/Never 4
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A. Professional Competence

1. Is a professional role model	1	2	3	4	N/A
2. Assists students to relate underlying theory to clinical/laboratory situations	1	2	3	4	N/A
3. Demonstrates enthusiasm for practice	1	2	3	4	N/A
4. Recognizes own limitations in clinical situations	1	2	3	4	N/A
5. Applies basic principles of practice	1	2	3	4	N/A
6. Provides appropriate experiences to meet clinical/lab objectives	1	2	3	4	N/A
7. Applies established standards of practice	1	2	3	4	N/A
8. Demonstrates professional behaviours (e.g. confidentiality)	1	2	3	4	N/A
9. Demonstrates appropriate clinical skills when needed	1	2	3	4	N/A
10. Assigns patients appropriately to my learning needs	1	2	3	4	N/A
11. Provides rationale for clinical/laboratory decisions	1	2	3	4	N/A
12. Acts as a student advocate in clinical setting	1	2	3	4	N/A

B. Interpersonal Skills

1. Encourages a climate of mutual respect	1	2	3	4	N/A
2. Is approachable	1	2	3	4	N/A
3. Provides support and encouragement to students	1	2	3	4	N/A
4. Demonstrates empathy	1	2	3	4	N/A
5. Demonstrates confidence in students	1	2	3	4	N/A
6. Is patient with students	1	2	3	4	N/A
7. Encourages appropriate discussions during conferences	1	2	3	4	N/A
8. Shows genuine interest in patients and their care	1	2	3	4	N/A
9. Provides direction in new situations without taking over	1	2	3	4	N/A
10. Encourages a relaxed clinical atmosphere	1	2	3	4	N/A
11. Is flexible when necessary	1	2	3	4	N/A
12. Interacts well with patients and staff	1	2	3	4	N/A
13. Demonstrates honesty when dealing with me/students	1	2	3	4	N/A

C. Evaluation Skills

1. Provides appropriate feedback on written assignments	1	2	3	4	N/A
2. Identifies student's strengths and limitations objectively	1	2	3	4	N/A
3. Provides negative feedback tactfully	1	2	3	4	N/A
4. Provides positive reinforcement appropriately	1	2	3	4	N/A
5. Clearly defines clinical expectations	1	2	3	4	N/A
6. Provides timely feedback throughout the rotation	1	2	3	4	N/A
7. Provides accurate and adequate feedback	1	2	3	4	N/A

Laboratory/Clinical Progress Record

D. Based on your clinical experience with this instructor, how would you rate this instructor's overall laboratory or clinical teaching ability. Please circle your response.

Excellent Very Good Good Satisfactory Needs Improvement

E. How was this instructor able to meet or promote your laboratory/clinical learning needs?
You may include specific examples or rationales.

F. What suggestions would you like to make for this instructor?

