INDIANA UNIVERSITY
BOLOGNA CONSORTIAL STUDIES PROGRAM

BCSP Academic Course Evaluation Form Year _____

Term: Fall □ Spring □

Course title:_____ Prof. _____

Your evaluation of the course and the instructor's teaching will be helpful to the program and the instructor. **Evaluations will not be seen by the instructor until after semester grades have been turned in.** Thank you for participating in this survey.

How hard did you work in this course?	□ not much	□ average	□ seriously
How difficult was the course?	□ not difficult	□ average	□ demanding
Would you recommend this course to a friend?	□ yes	□ no	

Please respond to the following statements, using this scale:

SA=strongly agree
A=agree
D=disagree
SD=strongly disagree
NA=not applicable to my situation/don't know

I. The Course

____ 1. The reading assignments were relevant to the topic.
____ 2. The lectures were understandable and well organized.
____ 3. The teaching material that was used in class was interesting or stimulating .
____ 4. Homework and quizzes/exams were reasonable in length and difficulty and related to important aspects of this course.

5. What aspects of this course do you feel were especially good?

6. What changes could be made to improve this course?

7. How would you evaluate your preparation and work for the course, and how this influenced what you learned from the course?

See reverse side →

II. The Instructor

____ 1. The instructor had a positive attitude about teaching this course and toward students.
____ 2. The instructor stimulated interest in the course material.
____ 3. The instructor presented course material so that I could understand it.
____ 4. The instructor was able to tell when students did not understand material.
____ 5. The instructor was responsive to questions and comments from students.
____ 6. The instructor encouraged participation from all students.
____ 7. The instructor spoke almost exclusively Italian during class.
____ 8. The instructor was well-prepared for class.
____ 9. The instructor was available for consultation.

10. What did you like about this instructor's teaching?

11. How could the instructor's teaching be improved?

12. Additional comments

Your name (optional)

_____

See reverse side →