

# Student Appraisal of Classroom Teaching - Form B Comment Sheet

Instructor Name: \_\_\_\_\_ Course Title: \_\_\_\_\_

***Your comments will be given to the instructor and their supervisor after grades have been turned in. If you would prefer your comments to be typed prior to being given to them please check this box.***

## Learning Environment

(enthusiasm, respect, engagement, interest, atmosphere, concern for students and learning)

Comments you would like to make about the Learning Environment created by this instructor:

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## Instructional Design

(organization, assignments, expectations, presentation skills)

Comments you would like to make about the Instructional Design created by this instructor:

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## Assessment

(quality expectations, grading, testing, feedback)

Comments you would like to make about the Assessment style of this instructor:

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## Subject Matter Mastery

Comments you would like to make about this instructor's Subject Matter Mastery:

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## Overall Comments

What makes this instructor effective?

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What would make this instructor even more effective?

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Additional comments you would like to make?

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