

# Instructor's Feedback

Instructor's name: \_\_\_\_\_

Visiting Practitioner's name: \_\_\_\_\_

Course: \_\_\_\_\_

Visit date: \_\_\_\_\_ Time: \_\_\_\_\_ Campus location: \_\_\_\_\_

## **This information will be kept strictly confidential**

**(5) Excellent <-----> (1) Poor**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Was the presenter organized?                             | 5 | 4 | 3 | 2 | 1 |
| 2. Were the materials presented useful?                     | 5 | 4 | 3 | 2 | 1 |
| 3. Was the presenter knowledgeable?                         | 5 | 4 | 3 | 2 | 1 |
| 4. Did the presenter answer questions thoroughly?           | 5 | 4 | 3 | 2 | 1 |
| 5. Would you recommend the presenter to another instructor? | 5 | 4 | 3 | 2 | 1 |

Comments:

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You may attach additional sheets if you need more space for your comments. Please return this form your campus CDC coordinator.

