STUDENT EVALUATION OF DISTANCE EDUCATION COURSE AND INSTRUCTOR

Date: ________________________________________________

Instructor's Name ________________________________________

Course Title and Number ________________________________

The following information is requested of you by your instructor for his or her use in maintaining the quality of instruction.

This is not an evaluation of technology. It is an evaluation of the instructor in this course and not the hardware, software or websites that you may have used in the course.

(5) Strongly Agree, (4) Agree, (3) Neutral, (2) Disagree, (1) Strongly Disagree

1. The requirements for the course have been made clear.
2. The instructor was available for consulting.
3. The instructor seemed genuinely concerned with student achievement.
4. Challenging questions and problems for discussion were raised.
5. Student questions and opinions were encouraged.
6. Class materials appeared organized and clearly presented.
7. Major points of the course were clearly identified.
8. The course has stimulated my interest in the subject.
9. Helpful examples or illustrations were used to clarify course content.
10. Audio or visual aids helped your understanding of the course content.
11. The overall value of discussions has been valuable.
12. The overall quality of instruction in this course has been valuable.
13. Students are treated with courtesy.
14. Students were informed how they were to be evaluated.
15. Examinations reflected the emphasized aspects of the course.
16. The course covered the material described in the catalog description.
17. The course appeared difficult given my level of preparation.
18. This course demands more study than other courses of equal credit.
19. The students were encouraged to think analytically.
20. The text presented its material clearly.
21. I feel competent navigating the online course.
22. Check the following methods of communication that were used by the instructor:

   e-mail
   meetings
   phone contact
   voicemail
   written correspondence
   message board
chat room
teleconferencing
podcasts
webcast
instant messaging

(1) Too Difficult, (2) Difficult, (3) Appropriate, (4) Too Easy, (N/A) Not Applicable

23. I consider the level of difficulty of the text to be
24. I consider the level of difficulty of the supplementary materials to be
25. I rate the level of difficulty of the examinations as
26. I rate the level of difficulty of the overall course as

Optional Supplementary Student Data

27. Which of the following best describes this course for you?
   (1) Major requirement, (2) Minor requirement, (3) College requirement, (4) Elective, (5) Other

28. What is your approximate grade point average?
   (1) 3.5 - 4.0, (2) 3.0 - 3.49, (3) 2.5 - 2.99, (4) 2.0 - 2.49, (5) Below 2.0

29. How long have you attended college?
   (1) First year, (2) Second year, (3) more than two years, (4) Graduate Student, (5) Other

30. Which is your age group?
   (1) Below 18, (2) 18 - 22, (3) 23 - 30, (4) 31 - 50, (5) Over 50

Please Indicate the Following

31. The best features of this class
32. Any undesirable features of this class
32. Changes, if any, that you would suggest

Additional Items Added by the Instructor

Approved by District: ___________________________ Date: __________________

(Print) ______________________________________

Approved by UPM: ___________________________ Date: __________________

(Print) ______________________________________