



INSTRUCTOR ASSESSMENT FORM

INSTRUCTORS NAME:	SEMESTER:
DEPARTMENT	
LEVEL:	DATE OF ASSESMENT:
CLASS FORMAT: LECTURE <input type="checkbox"/> STUDIO <input type="checkbox"/> LAB <input type="checkbox"/> FIELD WORK <input type="checkbox"/>	
COURSE CODE AND NAME:	

The assessor is required to assess the instructor by completing this form. The primary purpose of this assessment shall be to promote the professional development of the instructor. Please use the following guide to rate the instructor’s performance in each of the areas.

0 = Not applicable
 1 = Unacceptable
 2 = Needs improvement
 3 = Satisfactory
 4 = Good/ accomplishes tasks diligently and well
 5 = Excellent/ accomplishes all task at a high level

Note: Please tick the appropriate box

Questions	0	1	2	3	4	5	Specific comment: Use this space for additional / general comments (below)
1. My instructor is regular in lecture attendance							
2. My instructor is punctual to classes							
3. My instructor does not shift classes							
4. Encourages students to ask questions and participate in discussions							
5. Exhibits enthusiasm and interest in student’s academic progress							
6. Expresses ideas clearly and audibly							
7. Treats students with respect							
8. My instructor is impatient							
9. My instructor is rude to students							
10. Requests for personal needs or makes financial demands							