College of Visual and Performing Arts
Student Reaction to Course and Instructor

Instructor _____ **Course Title**_____

Course Number_____ **Class Time/Day** _____ **Semester** _____ **Year**_____

What is your class level? ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Why did you take this class? ☐ Required for Major ☐ Required for Minor ☐ Required for General Education ☐ Elective

The classroom facilities were: ☐ Excellent ☐ Adequate ☐ Poor ☐ No opinion

Please check only one box for each question.

		Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	The course objectives were clear.	☐	☐	☐	☐	☐
2.	The syllabus and/or the instructor clearly explained how I would be evaluated.	☐	☐	☐	☐	☐
3.	The course assignments/rehearsals/seminars were interesting, stimulating and challenging.	☐	☐	☐	☐	☐
4.	The instructor's written course materials were helpful.	☐	☐	☐	☐	☐
5.	The instructor created a class/studio/lesson atmosphere that encouraged students to be actively involved in learning.	☐	☐	☐	☐	☐
6.	The instructor's explanations of the assignments were clear.	☐	☐	☐	☐	☐
7.	There were regular evaluations of my work.	☐	☐	☐	☐	☐
8.	The examinations, papers, projects, performances, and/or studio assignments were clearly related to the course contents.	☐	☐	☐	☐	☐
9.	The instructor related instruction to other courses and disciplines.	☐	☐	☐	☐	☐

10. Please indicate your satisfaction with the availability of the instructor outside the classroom. (In selecting your rating, consider the instructor's availability via established office hours, appointments, and other opportunities for face-to-face interaction as well as via telephone, e-mail, fax and other means.)

Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
☐	☐	☐	☐

11. Please indicate your satisfaction with the quality of CVPA exhibitions, performances, or related programs in:
    a. Design Department
    b. Fine Arts Department
    c. Music Department
    d. Theatre & Dance Department
    e. Winthrop University Galleries

Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	N/A
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

For the following, use the back of this page if necessary.

12. Describe those aspects of this course that you found to be especially successful.

13. Could aspects of this course be improved? If so, please be specific in your statement(s).

14. (Optional Department/Instructor Question) - _____

15. (Optional Department/Instructor Question) - _____

*** *General Information* ***

According to the policies adopted by the faculty of the College of Visual and Performing Arts, the process of student completion of the questionnaire form is to be administered by a designated student monitor from the class or faculty monitor (other than the instructor of the course).

The course instructor may not be present during the administration of the questionnaire except to provide the optional additional question at the beginning of the evaluation period.

*** *Instructions for Faculty Monitor* ***

The designated faculty monitor should:

1. **Read the following INSTRUCTIONS FOR STUDENTS to the class:**

    <u>Instructions for Students</u>
    Student evaluation of instruction is an important part of faculty evaluation at Winthrop, and is strongly considered in annual evaluations of faculty as well as in tenure, promotion, and post-tenure review decisions. Students will have the opportunity to anonymously evaluate instruction in every course and section. In order to assure anonymity, you should not be required to write your name on the evaluation form or to complete the form in the presence of the instructor. You may also want to write out your responses in print rather than cursive. Completed forms should be collected only by a designated department representative and submitted to the department office. Results will not be provided to instructors until after course grades are submitted. If you have concerns about whether these procedures are followed, you may confidentially contact your major department chair or the dean of your college.

2. **Complete the following:**

    Name of Monitor_____

    Date Administered_____

3. **Count the number of completed forms as they are turned in and write the total here _____ and on the envelope.**

4.   **Make sure all completed questionnaires are placed in this envelope, seal the envelope, and turn it in to the Departmental Office in _____.**

    Room Number and Building