

# Instructor Performance Evaluation Feedback Form

Instructor Name

Course Name

Date

Teaching Effectiveness

Clarity of explanations

- 1
- 2
- 3
- 4
- 5

Engagement with students

- 1
- 2
- 3
- 4
- 5

Organization of material

- 1
- 2
- 3
- 4
- 5

General Feedback

Strengths

Areas for Improvement

Additional Comments