

Instructor Performance Evaluation Feedback Form

Instructor Name

Course Name

Date

YYYY-MM-DD

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