

Instructor Professional Development Feedback Sheet

Instructor Name

Date

Session Title

Learning Objectives

Feedback

Content Clarity:

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Instructional Methods:

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Engagement:

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Instructor Strengths

Areas for Improvement

Additional Comments

Reviewer Name

Signature

Date