

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