

Course Evaluation Form (CEF)

1. Date:

2. Course # and Title

3. Instructor

4. Semester

- Fall
- Spring

5. Year: 20: __

6. Size of Class:

- 1-5
- 6-15
- 15-30
- 30 or more

7. Was course a requirement?

- Yes
- No

Please provide your honest feedback about this course. Your comments will contribute to course improvements and are used to evaluate faculty teaching performance. Your responses will be confidential. You are required to complete the course evaluation to receive a course grade.

Please use this scale to answer the following questions:

1= strongly disagree

2= disagree

3= agree

4= strongly agree

NA

8. The content and objectives of course and lectures were clear

- 1- strongly disagree
- 2- disagree
- 3- agree
- 4- strongly agree
- NA

9. The instructor was enthusiastic, generating interest in the material

- 1- strongly disagree
- 2- disagree
- 3- agree
- 4- strongly agree
- NA

10. The instructor had full command of subject matter

- 1- strongly disagree
- 2- disagree
- 3- agree
- 4- strongly agree
- NA

11. The instructor encouraged students to think independently

- 1- strongly disagree
- 2- disagree
- 3- agree
- 4- strongly agree
- NA

12. The course enhanced your professional development

- 1- strongly disagree
- 2- disagree
- 3- agree
- 4- strongly agree
- NA

13. The instructor was responsive to students' questions and provided timely feedback to written assignments

- 1- strongly disagree
- 2- disagree
- 3- agree
- 4- strongly agree
- NA

14. The course was intellectually challenging

- 1- strongly disagree
- 2- disagree
- 3- agree
- 4- strongly agree
- NA

15. I expect to receive a high grade (A or A-)

- 1- strongly disagree
- 2- disagree
- 3- agree
- 4- strongly agree
- NA

16. Did you get the reading material for this course in a timely manner?

- Yes
- No

Overall Ratings

Please use this scale to answer the following questions:

- 1= Poor
- 2= Lacking
- 3= Acceptable/Fair
- 4= Good
- 5= Excellent

17. What is your overall rating of this course?

- 1- Poor
- 2- Lacking
- 3- Acceptable/Fair
- 4- Good
- 5- Excellent

18. What is your overall rating of this instructor?

- 1- Poor
- 2- Lacking
- 3- Acceptable/Fair
- 4- Good
- 5- Excellent

19. What were the strong points of this course/professor?

20. What were the potential areas for improvement for the course and instructor?

21. What program are you in?

- Clinical Program Psy.D.
- Clinical (Health Emphasis) Ph.D.
- School-Clinical Child Psy.D.
- Masters of Mental Health Counseling

22. Year in Program

- 1
- 2
- 3
- 4
- 5