

# Instructor Performance Feedback for Short Courses

Instructor Name

Course Title

Your Name (optional)

Your Email (optional)

Clarity of Instruction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Knowledge of Subject

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Engagement and Interaction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Areas for Improvement

Additional Comments