

Technical/Vocational Instructor Student Evaluation

Student Name

Course/Program

Instructor Name

Date

Evaluation Criteria

Criteria	Excellent	Good	Average	Poor
Knowledge of Subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths

Areas for Improvement

Other Comments

