

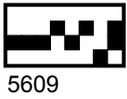
West Chester University Student Rating of Instructor Survey

Course: _____ Section: _____ SRIS No: _____ - _____

West Chester University seeks your input in the evaluation of your instructor. Please answer the following questions as they apply to the instructor under evaluation. Try to put aside your reaction to the course itself and focus on the quality of instruction provided by this instructor. Please completely darken one circle corresponding to the single best response for each question. The instructor will not have access to any individual responses, only the class results as a whole, and those only *after* the course is complete and the grades posted. Your participation is important to help us make West Chester a better university.

	Outstanding			Poor		
	6	5	4	3	2	1
1. Please rate the quality of teaching provided by this instructor.	<input type="radio"/>					
<i>For each item below, indicate the level of your agreement or disagreement with the statement. Please answer questions as they apply to the professional performance of the instructor under evaluation.</i>						
	Strongly Agree			Strongly Disagree		
	6	5	4	3	2	1
2. The instructor clearly presented course requirements and grading procedures.	<input type="radio"/>					
3. The instructor interacted in a positive manner with students.	<input type="radio"/>					
4. The instructor responded to student questions in a way that encouraged me to learn.	<input type="radio"/>					
5. The instructor met classes at the assigned days and times.	<input type="radio"/>					
6. The instructor met the course objectives published in the course description or syllabus.	<input type="radio"/>					
7. The instructor returned graded tests and assignments in a timely manner.	<input type="radio"/>					
8. The instructor was prepared for class.	<input type="radio"/>					
9. The instructor made good use of class time.	<input type="radio"/>					
10. The instructor maintained an environment in which students were comfortable asking questions.	<input type="radio"/>					
11. The instructor facilitated learning by maintaining an atmosphere of civility.	<input type="radio"/>					
12. The instructor clearly explained concepts and techniques.	<input type="radio"/>					
13. The instructor allocated an appropriate amount of time to each topic.	<input type="radio"/>					

Please continue on the other side.



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Strongly
Agree

Strongly
Disagree

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 6 | 5 | 4 | 3 | 2 | 1 |
| 14. The instructor was available during posted office hours.
<i>(Please leave this item blank if you have never been to the instructor's office hours.)</i> | <input type="radio"/> |
| 15. The instructor organized this class in a way that helped me to learn the material. | <input type="radio"/> |
| 16. The instructor provided useful feedback on tests and assignments. | <input type="radio"/> |
| 17. The instructor explained concepts using real-world examples, analogies, or circumstances relevant to students' lives. | <input type="radio"/> |
| 18. The instructor evaluated students fairly. | <input type="radio"/> |

The demographic questions in the following section are being asked for *statistical purposes only*. Results will *not* be reported to the instructor or academic department and will only be used in the Office of Institutional Research in aggregate to test the survey instrument.

STUDENT DEMOGRAPHICS

For each statement, please completely darken the circle of only ONE response option.

19. Primary reason for taking this course:
- | | | |
|---|---|--------------------------------|
| <input type="radio"/> Major/minor requirement | <input type="radio"/> General education requirement | <input type="radio"/> Elective |
| <input type="radio"/> Interest only | <input type="radio"/> Fit into schedule | |
20. Expected grade in this course: A to A- B+ to B- C+ to C- D+ to D- F
21. Class standing (Choose ONE only):
- Undergraduate: First-Year Sophomore Junior Senior Non-Degree
- Graduate: Non-Degree (Including Certificate Programs) Master's Degree Program Doctoral Program
22. What is your gender/gender identity?
- Man
- Non-binary
- Transgender
- Woman
- A gender identity not listed above
23. Race or ethnicity:
- | | |
|---|---|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Latino/Hispanic, any race |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander | <input type="radio"/> White |
| <input type="radio"/> Middle Eastern | <input type="radio"/> Two or more races |
| <input type="radio"/> Other | |
24. Is English your native language? Yes No
25. Age group: Less than 25 years 25 years or older

Thank you for your participation!