

Instructor Information

Name: _____

Semester: Fall Spring Summer Year: _____

Class Information

What classes did you teach during the past semester?

| Level | Skill Areas | | |
|-------|----------------------------------|---|----------------------------------|
| B | <input type="checkbox"/> Reading | <input type="checkbox"/> Listening/Speaking | <input type="checkbox"/> Writing |
| 2 | <input type="checkbox"/> Reading | <input type="checkbox"/> Listening/Speaking | <input type="checkbox"/> Writing |
| 3 | <input type="checkbox"/> Reading | <input type="checkbox"/> Listening/Speaking | <input type="checkbox"/> Writing |
| 4 | <input type="checkbox"/> Reading | <input type="checkbox"/> Listening/Speaking | <input type="checkbox"/> Writing |
| 5 | <input type="checkbox"/> Reading | <input type="checkbox"/> Listening/Speaking | <input type="checkbox"/> Writing |
| 6 | <input type="checkbox"/> Reading | <input type="checkbox"/> Listening/Speaking | <input type="checkbox"/> Writing |
| 7 | <input type="checkbox"/> Reading | <input type="checkbox"/> Listening/Speaking | <input type="checkbox"/> Writing |

Feedback

Completed feedback forms can be submitted electronically or by printing a copy of this completed form. Additional pages may also be attached. Completed feedback forms are seen by the Director and the Academic Support Coordinator only. Forms should be submitted before the end of each semester.

1. In general, please provide feedback about the curriculum for the courses taught, textbooks and materials used and ideas for improvement.

2. Please provide feedback about the standard exams (midterms, finals) administered in your classes. Be as specific as possible about the content of the exam (i.e. scope, match to SLOs, clarity of directions, length, problem questions, and appropriateness for students).

3. Please provide feedback about students' abilities to accomplish Student Learning Outcomes (SLOs) in your classes. What prevented students from accomplishing them?

4. In general, please provide feedback about the work environment: facilities, office space, technology available, work conditions, behaviors of students, etc.

For Director Use Only. Received by: _____ (initials) Date ____/____/____

File Path: T:\Documents\Office Admin\Projects\2014-2015\Form Redesigns\Style Guide CIEP Forms.docx