REACH Peer Class Evaluation

Instructor’s Name:__________________________________________     Evaluation Period:     Fall Semester 20____
Instructor’s Name:______________________     Spring Semester 20____

This form should be completed and turned in to REACH peer coordinator before the end of each semester. Please circle the appropriate number for your response:

A. General Evaluation

1. The overall quality of this class
2. The instructors’ overall effectiveness in teaching

B. Course Objectives

3. The extent to which this class provided effective introduction to skills instruction and outreach
4. The extent to which this class expanded my knowledge and understanding of skills instruction and outreach
5. The extent to which this class provided role models in professional life worthy of emulation

C. Course Design

6. The extent to which the class organization helped learning
7. The extent to which students’ responsibilities were clarified
8. The opportunity to use different skill areas
9. Goodness of fit between students and client difficulty level

D. Format of Instruction

10. Instructors’ enthusiasm for subject of course
11. The helpfulness of explanations by instructors when needed
12. The extent to which instructors worked well as a team
13. Instructors’ use of modeling/using personal examples
14. The extent to which instructors were prepared for class
15. Opportunity for students to express personal ideas and opinions

E. Additional Comments about the class (write comments on back if needed)

16. What aspects of teaching or content of this course do you feel were especially good?

17. What changes could be made to improve the teaching or the content of this course?

18. Please comment about your overall semester experience with REACH peer program.