

LECTURE EVALUATION FORM

Class title: _____

Lecturer name: _____ Date of lecture: _____

*****Please rate the following aspects of the presentation using a **1-5 scale*******
(Check one box per question)

(1) To what extent were the goals of the talk met?

1, Not at all	2, Only a little	3, Somewhat	4, Very Much	5, A Great Deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) To what extent was the presentation:

○ Interesting

1, Not at all	2, Only a little	3, Somewhat	4, Very Much	5, A Great Deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

○ Well-organized

1, Not at all	2, Only a little	3, Somewhat	4, Very Much	5, A Great Deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

○ Well-delivered

1, Not at all	2, Only a little	3, Somewhat	4, Very Much	5, A Great Deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

○ Useful/relevant

1, Not at all	2, Only a little	3, Somewhat	4, Very Much	5, A Great Deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(3) How effectively did the Lecturer engage the class and encourage critical thinking and discussions?

1, Not at all	2, Only a little	3, Somewhat	4, Very Much	5, A Great Deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional feedback to the class/presentation: what is your overall impression and evaluation? Please, summarize what you liked the most about the presentation and provide feedback for improvement.
