

Survey Preview

Clinical Evaluation

Completion of this questionnaire is voluntary and anonymous.
You may choose to opt out by clicking the opt out link.

Please rate your teacher below and provide other requested information	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Observed
1. Knowledgeable and analytical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Clear and organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. Enthusiastic and stimulating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. Established rapport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. Actively involved me in learning experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. Provide direction and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. Demonstrated clinical skills and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. Was accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9. Overall teaching effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Demographics

10. Your involvement with the instructor	<input type="text"/>
11. Your year in program	<input type="text"/>
12. Your academic level/program	<input type="text"/>

Open-ended questions. Please write in the space provided.

13. What one change would you make to improve this course

14. What did you like least about this course

15. What did you like best about this course

16. Other Comments

<Final Survey Page - No Submit Evaluation in Preview>

Survey: -SCHD-CLN