

Media/Classes Evaluation Form

Your Name _____

Your Contact Information: Phone _____ E-mail _____

Your Department _____

Activity: Viewed Media _____ Which Media? _____

OR Sat in on classes _____ Which class? _____

Date/Time # of total hours: _____

Please rate (circle) the following aspects of the activity: Low High

Importance of the topic to your competence in the classroom 1 2 3 4 5

Improvement of your use of technology in the classroom 1 2 3 4 5

Increased knowledge within your discipline 1 2 3 4 5

Enhanced your critical thinking skills 1 2 3 4 5

Promoted campus diversity 1 2 3 4 5

Facilitated/encouraged community service and outreach 1 2 3 4 5

Relevance of the topic to student success 1 2 3 4 5

Overall quality of content 1 2 3 4 5

Effectiveness of presentation technique or media used 1 2 3 4 5

Overall rating of the media or class 1 2 3 4 5

1. Was this media/class something you would recommend to others? Why or why not? _____

2. What aspects were unnecessary or most in need of improvement? _____

3. Should this class/media continue to be offered for professional development credit? Why or why not? _____

Please return this evaluation to STAFF DEVELOPMENT mailbox ASAP. Thank you!