

Please evaluate the class you attended by filling in the items below. All answers are voluntary and the analysis of the results will be anonymised. The instructor will receive the answers promptly as a summarised report of all the results. The purpose of the evaluations is to point to any potential changes an instructor may wish to consider.

Please take note of the following:

• As the questionnaire will be computer-processed, please use a dark pen and mark your answers with a clear cross.

• If you make a mistake, black out the answer box entirely and cross the box you wish to mark:

Instructor's Teaching Conduct/Attitude

Instructor: _____ Class: _____

The instructor...

never

always

no clearly
applicable
answer

Concept

... followed a clear structure.

... stated clearly the requirements which were to be fulfilled by the participants.

Organisation

... used the allocated time effectively to foster learning.

... provided helpful materials (e.g. literature, lecture notes/transparencies or slides)

... dealt appropriately with disruptions.

... paid attention to good time management.

Learning Environment

... prepared the content clearly and intelligibly.

... made the course interesting and stimulating.

... made good use of media (e.g. board, slides/transparencies, presentations).

... spoke clearly and was clearly audible.

... was well prepared.

... was committed and motivated.

Interaction

... responded appropriately to questions and suggestions.

... led on from my previous knowledge or experience.

... stimulated me to explore the content.

... gave useful feedback to participants' contributions to support their learning.

... gave students the opportunity to give feedback on the course.

... treated the participants with respect and consideration.

... was also available for consultation outside course times.

Overview and Transfer

... made the different areas of the content coherent and relevant to the topic.

... made cross-references to related topics beyond the sphere of the course.

... pointed out uses and possible applications of the content of the course.

Growth of knowledge

| | The situation after the course | | | | | The situation before the course | | | | |
|---|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | I strongly disagree | | | | I strongly agree | I strongly disagree | | | | I strongly agree |
| I know a lot about the topic of the course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can apply the content of the course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I find the topic of the course interesting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please turn over!

Overall Assessment and Workload

far too low / little somewhat too low / little just right somewhat too high / much far too high / much

Requirements and Volume of Content

The requirements imposed for this course were...

The volume of content covered in this course was...

Overall Assessment

Which grade (1-5) would you give this course? very good (1) poor/fail (5)

What did you particularly like (+) or dislike (-) about this class? Please use this space for suggestions for improvements, ideas and comments. *(Please use **block letters** to keep your entry anonymous.)*

Personal Details

How many hours did you spend on this course on average per week *(outside the classroom)*?
 0 1 2 3 4 5 6 7 8 9 > 9

How many sessions did you miss?
 0 1 2 3 4 5 6 7 8 9 > 9

Which semester are you currently in for your major subject?
 0 1 2 3 4 5 6 7 8 9 > 9

What degree are you pursuing?
 Bachelor Master L1 State Examination L2 State Examination L3 State Examination L5 State Examination Human- Vetmed State Examination Law State Examination other degree

What is the status of the course for your current study programme? *(Multiple answers possible)*
 mandatory class mandatory/elective class elective class class for major subject class for minor subject class for teaching subject class for educational subject other class

What is your gender? female male no response

