



**New York Institute of Technology**  
STUDENT RATING  
OF COURSES / TEACHING FORM

**MARKING INSTRUCTIONS**

- Use No. 2 pencil ONLY.
- Make dark marks filling oval completely.
- Make erasures cleanly.



Results will be used for promotion, tenure, reappointment decisions and for general feedback. Results will not go back to faculty till after grades are finalized. Faculty will only see aggregate data combined across all students from the first two-pages of this form. Please put additional comments on page 3.

**STUDENT INFORMATION**

**1. I am taking this course as (select only one):**

- an undergraduate program requirement       a graduate program requirement  
 an undergraduate elective                       a graduate program elective

**2. My status is:**

- Full-time  
 Part-time

**3. My class level is:**

- Freshman                       Junior                       Graduate  
 Sophomore                       Senior                       Other

**4. My age is:**

- 16 - 21                       25 - 29                       35 - 39                       50 - 64  
 22 - 24                       30 - 34                       40 - 49                       65+

**5. How many times was class cancelled and not rescheduled?**

- 0       1 - 2       3 - 4       5 or more

\_\_\_\_\_

COURSE ID #

\_\_\_\_\_

COURSE TITLE

\_\_\_\_\_

INSTRUCTOR

**THE TEACHING PROCESS**

6. Prior to taking this course, I was very interested in its subject matter.

7. The amount of work in this course was appropriate.

8. I was prepared for each class.

9. The pace of the course was appropriate.

10. The course objectives as stated in the syllabus were met.

11. The instructor presented material clearly and logically.

12. The instructor was receptive and responsive to student needs, questions, and concerns.

13. The instructor used class time efficiently.

14. The instructor was prepared for each class.

15. The instructor was available for course related consultation and advice.

16. Classes met for the entire scheduled time period.

17. The instructor assigned challenging course work.

18. The instructor graded and returned student work and exams promptly.

19. The instructor provided helpful, constructive feedback on assignments and course work.

	Strongly Agree	Agree	Slightly Agree	Neither Agree Nor Disagree	Slightly Disagree	Disagree	Strongly Disagree	Not Applicable
6. Prior to taking this course, I was very interested in its subject matter.	7	6	5	4	3	2	1	0
7. The amount of work in this course was appropriate.	7	6	5	4	3	2	1	0
8. I was prepared for each class.	7	6	5	4	3	2	1	0
9. The pace of the course was appropriate.	7	6	5	4	3	2	1	0
10. The course objectives as stated in the syllabus were met.	7	6	5	4	3	2	1	0
11. The instructor presented material clearly and logically.	7	6	5	4	3	2	1	0
12. The instructor was receptive and responsive to student needs, questions, and concerns.	7	6	5	4	3	2	1	0
13. The instructor used class time efficiently.	7	6	5	4	3	2	1	0
14. The instructor was prepared for each class.	7	6	5	4	3	2	1	0
15. The instructor was available for course related consultation and advice.	7	6	5	4	3	2	1	0
16. Classes met for the entire scheduled time period.	7	6	5	4	3	2	1	0
17. The instructor assigned challenging course work.	7	6	5	4	3	2	1	0
18. The instructor graded and returned student work and exams promptly.	7	6	5	4	3	2	1	0
19. The instructor provided helpful, constructive feedback on assignments and course work.	7	6	5	4	3	2	1	0



## THE TEACHING PROCESS

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

## TEACHING OUTCOMES

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

27. Overall, I would rate the instructor's teaching effectiveness in this course as:

- Outstanding       Satisfactory       Unsatisfactory  
 Very Good       Needs Improvement  
 Good       Poor

If you are taking a distance learning (video conference) class, please complete the following questions. If not, please continue to the Comments section.

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

7 6 5 4 3 **2** 1 0

**7** **6** **5** **4** **3** **2** **1** **0**

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

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7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

7 6 5 4 3 2 1 0

**This section of the survey will be returned to your instructor  
after grades have been finalized.**

**This is the only section of the survey  
that your instructor will see.**

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COURSE ID #

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COURSE TITLE

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INSTRUCTOR

**What did you like best about the course or the instructor?**

**What improvements would you like to see in the course or the instructor's teaching?**

**What other comments and/or suggestions would you like to offer?**

