



Laboratory Medicine & Pathobiology UNIVERSITY OF TORONTO

Graduate Programs

COURSE EVALUATION QUESTIONNAIRE

Course Name & Number:

Date:

Name of Course Coordinator:

Please take a few minutes to complete this evaluation form. Your comments are very important to us for the improvement of the organization and the quality of teaching in this course. Your responses and comments are anonymous.

Student's Program:

Registration in course: For credit ; Auditing ;

Did you have an adequate background for this course? Yes ; No

Previous relevant courses/lectures taken

.....

EVALUATION CRITERIA	Excellent	Very good	Good	Average	Marginal	Poor	Cannot assess
	6	5	4	3	2	1	
1. Communication of goals & expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Course content & integration of topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Level of topics presented & course load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assessment criteria used in course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accessibility of coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Coordinator's responsiveness to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall organization & coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall learning experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall rating of course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Clarify and/or make further comments on strengths and weaknesses of course:

B. Suggestions for improvement of course:

C. Additional comments (continue on back page):
