

Program Year \_\_\_\_\_

## Evaluation of Seminars

Presenter : \_\_\_\_\_

Topic: \_\_\_\_\_

We are greatly interested in improving teaching in this program. For the instructor named above, please circle the number indicating the degree to which you believe each item is descriptive of him or her.

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	Not at all Descriptive										Very Descriptive	Doesn't apply
1. Instructor is knowledgeable and has command of the subject .	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
2. Instructor is a good presenter.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
3. My knowledge of the subject matter increased as a result of this experience.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
4. Instructor enjoys teaching; is enthusiastic about the subject; makes the material exciting.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
5. Overall rating of this instructor compared with other teachers you have had in medical school ( <i>10 is best</i> ).	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>

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COMMENTS (including suggestions for improvement): \_\_\_\_\_

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\_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date \_\_\_\_\_