

CLASS TITLE:	COURSE CATEGORY & NUMBER:	START DATE:
INSTRUCTOR:	SPONSORING INSTITUTION:	END DATE:

## OKC DOWNTOWN COLLEGE STUDENT INSTRUCTIONAL EVALUATION – NON CREDIT

**Please take a few moments to complete this evaluation to help us improve the quality of the Downtown College.**

**The purpose of this survey is to obtain your opinion of the effectiveness of your instructor and support services. Please answer all questions. The results of this survey will not be made available to your instructor until after the end of the semester and the information the instructor receives will not identify individual students.**

**On questions one through five please assign a rating of one through five according to the scale.**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Lowest or Most Negative</b>				<b>Highest or Most Positive</b>

1. The instructor helped me to think about the implications and relevance of the topic.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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2. The instructor presented challenging material in a way that assisted my learning.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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3. The instructor encouraged student involvement and allowed students freedom to ask questions and express ideas in this class.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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4. The instructor is interested in and committed to teaching the subject matter of this class.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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5. How did you hear about this class?

6. What other topics would you like to have presented by the OKC Downtown College?