

# TEACHER EVALUATION FORM (Clinic)

UNIVERSITY OF VETERINARY & ANIMAL SCIENCES, LAHORE



Clinic Title/# \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Department \_\_\_\_\_ Semester/Year \_\_\_\_\_

Student's CGPA				
Range:	<input type="checkbox"/> <2.00	<input type="checkbox"/> 2.00-2.49	<input type="checkbox"/> 2.50-3.00	<input type="checkbox"/> >3.00

## Encircle the choice

Sr. No.	Statements	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
1	Teacher was effective in inspiring students to learn and grow as clinician	1	2	3	4	5
2	Teacher was fair and equitable dealing with individual students in the learning process	1	2	3	4	5
3	Teacher was effective in guiding clinical discussion	1	2	3	4	5
4	Teacher responded properly to the student's questions	1	2	3	4	5
5	Teacher helped you in developing an understanding of professional behavior	1	2	3	4	5
6	Teacher was prepared for the clinics	1	2	3	4	5
7	Teacher was accessible outside class	1	2	3	4	5
8	Assessment methods were fair and appropriate for the clinic	1	2	3	4	5
9	Theoretical concepts were integrated with clinical applications	1	2	3	4	5
10	You have an opportunity of "hand on working" in the clinics	1	2	3	4	5

Comments/Suggestions if any