Start date of class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answer with a Yes or NO and comment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Class | Clinical | Lab | Substitute |
| Please write your instructors name in the space provided. |  |  |  |  |
| Did your instructor deliver the content in a way you could understand? |  |  |  |  |
| Did your instructor present the information in an interesting manner? |  |  |  |  |
| Do you feel your instructor really cared about you and your grade as a student? |  |  |  |  |
| Do you feel you had all the materials needed for learning? |  |  |  |  |
| Do you feel your instructor used different techniques to deliver the information to you? |  |  |  |  |
| Was you instructor on time and prepared? |  |  |  |  |
| Do you feel the instructor prepared you for clinical and lab? Do you feel your clinical/ lab instructor made themselves available to you when you  needed them or had questions? |  |  |  |  |

Any additional information you would like to share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_