**Course Evaluation Process (routing information):**

- Student Reps to collect course feedback from class

- Student Reps and Course Coordinators to meet prior to the end of the academic term to discuss collected feedback and complete the following form

- Course Coordinator to meet with Department Head (annual reporting) to review form and develop plans for addressing student comments

- Copy of form to be sent to Associate Dean Academic

**COURSE EVALUATION REPORT FORM**

**Department: Date:**

**Course No.: Coordinator:**

**Course Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(use additional pages as necessary)**

**Did the Course meet Course Objectives (as listed in the course outline)?**

**Reported Course Strengths:**

**Reported Course Challenges and Suggested Solutions:**

**Please list any course content that may be repetitive in nature to other courses in the dental curriculum:**

**Additional Information/Recommendation:**

**Course Coordinator's Reaction**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Course Coordinator (print name)/(signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Representative Student Representative Student Representative

(Signature)

**COURSE EVALUATION REPORT (continued)**

**Department Head's Reaction:**

**Planned Action:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Course Coordinator

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Dean Academic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_