



UNIVERSITY
OF MANITOBA

Faculty of Medicine

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Tel: (204) 789-3557
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Instructor Evaluation

Name of Instructor: _____

Department: _____

Date: _____

During the contact time, the instructor generally:

Learning Climate

	Strongly Disagree	Disagree	Agree	Strongly Agree
Listened to learners	1	2	3	4
Encouraged learners to participate actively in discussion	1	2	3	4
Treated learners with respect	1	2	3	4
Encouraged learners to raise questions/issues	1	2	3	4
Demonstrated a professional attitude	1	2	3	4

Promoting Understanding and Retention

Presented material in a way that was understandable	1	2	3	4
Explained relationships of new material to previous learning	1	2	3	4
Utilized a variety of learning strategies to promote learning	1	2	3	4
Utilized audiovisual material that enhanced the session	1	2	3	4

Communication of Objectives

Stated objectives clearly	1	2	3	4
Stated relevance of objectives to learners	1	2	3	4
Prioritized objectives to meet time constraints of the session	1	2	3	4

Promoting Self-directed Learning

Explicitly encouraged further learning	1	2	3	4
Motivated learners to learn on their own	1	2	3	4

Control of Session

Was well prepared	1	2	3	4
Was well organized	1	2	3	4
Covered appropriate amount of material for the session	1	2	3	4
Stayed on topic	1	2	3	4

My overall assessment of this instructor is:

Unsatisfactory Satisfactory Good Very Good Excellent
1 2 3 4 5

Comments:
