

Summer Residency Faculty Evaluation

Faculty Member: _____ Student Name (optional): _____
Course: _____ Date: _____

Please take a moment to rate your experiences with your faculty mentor during the MFA summer residency. Your feedback, especially your comments, will greatly assist us in preparing for next year's residency.

| | Poor | Fair | Good | Excellent |
|------------------------------------------------------------------|-------------|-------------|-------------|------------------|
| 1. Clarity of course requirements and directives | | | | |
| 2. Appropriateness of content level in relation to my experience | | | | |
| 3. Quality of course-related materials | | | | |
| 4. Pace of the course | | | | |
| 5. Instructor's knowledge of subject matter | | | | |
| 6. Clarity/organization of presentation | | | | |
| 7. Ability to relate subject matter to practical situations | | | | |
| 8. Attitude towards different viewpoints | | | | |
| 9. Stimulated thinking | | | | |
| 10. Encouraged student participation | | | | |
| 11. Availability for assistance and advice | | | | |
| 12. Responsiveness | | | | |

What do you see as the strengths of this course?

What recommendations would you make to the instructor of this course to improve it?

Thank you for completing this evaluation. Please add any additional comments you may have to the back of this form.