Instructor__________________________________ Course__________________ Section__________________

Clinical Site (if appropriate)_________________________________________ Date_____________________

Completion of this questionnaire is voluntary. You are free to leave some or all questions unanswered.

1. The rotation/studio as a whole was: Excellent Very Good Good Fair Poor Very Poor
2. The procedures/skills taught were:
3. The instructor's contribution to the rotation/studio was:
4. The instructor's effectiveness in teaching was:

Rate your instructor on each of the following:

5. Knowledgeable and analytical
6. Clear and organized
7. Enthusiastic and stimulating
8. Challenging
9. Established rapport
10. Actively involved me in learning experiences
11. Provided direction and feedback
12. Demonstrated clinical/professional skills and procedures
13. Accessible
14. Your involvement with the instructor: Extensive Considerable Moderate Slight
15. On average, how many hours per week have you spent
   on this rotation/studio? Under 2 6 - 7 12 - 13 18 - 19
   2 - 3 8 - 9 14 - 15 20 - 21
   4 - 5 10 - 11 16 - 17 22 or more
16. From the total average hours above, how many do you
    consider were valuable in advancing your education?
    Under 2 6 - 7 12 - 13 18 - 19
    2 - 3 8 - 9 14 - 15 20 - 21
    4 - 5 10 - 11 16 - 17 22 or more
17. Year in program: First Second Third Fourth or more
18. Your program (choose one):
   Baccalaureate
   Masters
   PhD
   Professional
   Resident
   Post-doctoral fellow
   Other