STUDENT EVALUATION OF TEACHING COVER SHEET

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| FOR THE INSTRUCTOR TO COMPLETE | | | | | |
| **Instructor's Name:** |  | | | **Instructor's Campus Mailing Address:** |  |
| **Semester & Year:** |  | | | **Instructor's Dept:** |  |
| **Course Name:** |  | | | | |
| **Course Number (e.g., ART 100):** |  | **Section:** |  | **Class Number (e.g., 9000): [4 or 5 digit number in timetable]** |  |
| **Course Location:** | Sheboygan Campus | | | **Component** |  |

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| FOR THE STUDENT VOLUNTEER |
| The instructor must leave the room while the course evaluations are being completed. At no time should the instructor have access to the completed forms. The instructor may not see any of the completed forms or the report of results until after final grades are submitted to the Registrar. |
| 1. Distribute the course evaluation forms and read the following to the class:  Please respond thoughtfully to each item. Use only pencil, no pens. Course evaluation results are taken seriously at UW-Green Bay, and are used to make tenure, promotion, merit, retention, and award decisions. Your candid appraisal will be used to evaluate the course, and to provide constructive feedback to the instructor. Please include comments where appropriate. |
| 2. Collect the forms in the envelope provided by the instructor. |
| 3. Print and **sign your name** in the box below. Then, insert this sheet in the envelope with the completed forms. Personally deliver the envelope with this signed form to the evaluation drop-off location on the same day that the evaluations are completed**. Drop off at the book return outside of the library in the Acuity Technology Center**  This form **MUST** be signed in the box below |
| 4. Questions or problems? Contact Pam Gilson for Course Evaluation policy/procedure questions at 920-465-2221. For general Course Evaluation processing questions, for face-to-face courses, contact Scott Berg in IT at 920-465-2305. For Course Evaluation processing questions for online courses, contact Luke Konkol in Instructional Design at 920-465-2880. |

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| FOR THE STUDENT VOLUNTEER  --------------------------  You MUST sign this form in the box to the right. If you don’t sign this form, these student evaluations will not be certified. | By my signature below, I certify that the enclosed forms were administered according to the directions above and at no time did the instructor have access to these forms.  Your Name (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Signature (*Required*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thank you! |