



EVALUATION OF COURSE/SYMPOSIUM & INSTRUCTOR

Course # ___ or Symposium _____

- Check your status: ___ Student
___ Committee Member
___ NGC FS Judge
___ Guest
___ Instructor

City, State _____ Dates: _____

Instructor: _____ Subject: _____

You are not required to complete this form, but your opinions are strongly encouraged. You may remain anonymous or you may sign your name on the reverse side of this form.

ORGANIZATION/FACILITIES - Please circle the appropriate answer. Chairman take note of comments in this section and applicable questions on reverse side.

- 1. Were the classroom and other facilities adequate? NO YES
If no, please clarify _____
2. Did the school or symposium chairman begin on time? NO YES
If no, please clarify _____
3. Did the course or symposium proceed on schedule throughout the day? NO YES
If no, please clarify _____
4. In your opinion, were the designs and plant specimens provided by the school or symposium committee adequate for instruction and judging? NO YES
If no, please clarify _____

INSTRUCTOR - Where 1 to 5 are indicated, 1 represents a strong need to improve; 2, needs some improvement; 3, adequate instruction; 4, above average instruction; and 5, excellent instruction.

- 1. Was the Instructor prepared to begin teaching on time? NO YES
If no, please clarify _____
2. Did the Instructor follow her/his outline and explain or elaborate on the curriculum so that the material was understood? 1 2 3 4 5
3. Did the Instructor avoid continuous reading from her/his outline? 1 2 3 4 5
4. Did the Instructor speak clearly, use proper grammar and language at all times? 1 2 3 4 5
5. Did the Instructor exhibit reasonable knowledge of the course material or symposium subject? 1 2 3 4 5
6. Did the Instructor show respect for the audience and others? 1 2 3 4 5
7. Did the Instructor avoid repeated unrelated references to personal or irrelevant matters? 1 2 3 4 5
8. Did the Instructor handle questions with ease, diplomacy and speed? 1 2 3 4 5
9. Would you enjoy having this Instructor again for a course or symposium? NO YES
If no, please clarify _____

27H Cont.

PLEASE EXPRESS YOUR OPINIONS ON THE FOLLOWING:

Were the visual aids used by the Instructor effective and did they help clarify the instruction?

What I liked best and/or least about this course:

What I liked best and/or least about this Instructor:

Do you have any suggestions as to how this course or symposium experience might have been better or more effective?

Additional comments (if any): Committee and Instructor may wish to comment on cooperation, attitude, clarity of contract (fees, etc.), soliciting assignment, promptness, length of instructor's stay and hospitality.

This evaluation form will be made available to all schools and symposiums. It must be available to all attendees, but its use by each individual is optional, as is a signature. It is urged that committee members, proctors, local chairmen, and any state or National Board member present be encouraged to fill in a form for each instructor teaching at the school/symposium. Local Chairman is to mail these forms directly to the NGC FSS Chairman, who will share the information with the NGC Instructors Chairmen and other members of the FSS Committee as appropriate. Instructor is to mail completed form directly to the NGC FSS Chairman. A summary of critiques may be added to the instructor's and state's file.

OPTIONAL BELOW:

Form completed by: _____

I am willing to confidentially discuss any problems, etc. that may have arisen during this course and/or Instructor's teaching.

NO YES

Phone: _____ E-mail: _____