###### ADVISOR FEEDBACK FORM

###### GRADUATE TEACHING FELLOWS

Teaching Fellow’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Observed & Date:

Please provide comments/suggestions on each of the following (use back of form if needed)

I. Course Syllabus (clarity & organization; content, e.g., grading procedures, requirements, policies):

II. Representative Exam (e.g., length and coverage):

III. Lecture (e.g., organization, clarity, effective use of class time, knowledge of and level of material presented; effective use of examples, audio-visual materials, etc.):

IV. Overall Recommendation (strengths; suggestions for improvement):

We have had an opportunity to meet and discuss this feedback:

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching Fellow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_