STATE OF CALIFORNIA

DEPARTMENT OF GENERAL SERVICES

COURSE/INSTRUCTOR EVALUATION

GS 313 (REV. 6/87)

COURSE TITLE	DATE(S)

INSTRUCTOR'S NAME

YOUR NAME (OPTIONAL)

THE COURSE

IN YOUR OPINION, WHAT IS THE MAJOR STRENGTH OF THIS COURSE?

HOW COULD THIS COURSE BE MADE MORE EFFECTIVE FOR YOU?

THE INSTRUCTOR(S)

	EXCELLENT	GOOD	FAIR	POOR
1. APPARENT GRASP OF SUBJECT MATTER				
2. PREPARATION AND PRESENTATION				
3. RELATIONS WITH STUDENTS				
4. OVERALL EFFECTIVENESS				

COMMENTS OR SUGGESTIONS FOR THE INSTRUCTOR