

USFCA Clinic Evaluation Form

Please take a moment to fill out and return this clinic evaluation form. Circle the answer that best describes your feelings. Thank you.

Clinic Name: _____

Clinic Date: _____ Clinic Location: _____

Course Organization and Communication

1. The clinic schedule clearly defined the expectations of the clinic.
Strongly Disagree Disagree Neutral Agree Strongly Agree
2. The instructor was effective, gave clear explanations.
Strongly Disagree Disagree Neutral Agree Strongly Agree
3. The instructor used scheduled time appropriately.
Strongly Disagree Disagree Neutral Agree Strongly Agree

Instructor / Student Interaction

4. The instructor showed concern, encouragement for my progress as a student.
Strongly Disagree Disagree Neutral Agree Strongly Agree
5. The instructor respected students' point of view.
Strongly Disagree Disagree Neutral Agree Strongly Agree

Student Outcomes

6. I feel that my learning increased in this clinic.
Strongly Disagree Disagree Neutral Agree Strongly Agree
7. To me, the level of difficulty of this clinic was about right.
Strongly Disagree Disagree Neutral Agree Strongly Agree
8. For me, the pace of the material covered during the clinic was about right.
Strongly Disagree Disagree Neutral Agree Strongly Agree

Instructional Materials and Resources

9. The USFCA guides and/or clinic materials were useful.
Strongly Disagree Disagree Neutral Agree Strongly Agree
10. Facilities and the learning environment were adequate for my learning experience.
Strongly Disagree Disagree Neutral Agree Strongly Agree

Please share additional comments here: _____
