DEPARTMENT OF BIOMEDICAL ENGINEERING
COLLEGE OF ENGINEERING

GRADUATE STUDENT TEACHING EVALUATION

Report Form

Faculty reviewer: __________________________ Signature: __________________________
Date: __________

Course #: _____ Course Title: _________________________ Lecture Title: _________________________
Lecture Date: ________________________________ Graduate Student: __________________________

REVIEW ITEMS AND COMMENTS

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good (2)</th>
<th>Fair (3)</th>
<th>Poor (4)</th>
<th>Comments</th>
</tr>
</thead>
</table>

Preparation:

Ability to explain material:

Subject Knowledge:

Audibility of Voice:

Clarity of Speech:

Class Response:

Visual Aids:

Decorum/Rapport:

Appearance:

OTHER COMMENTS and SUGGESTIONS (add page if necessary)