

GE/Instructor Evaluation Form

Name: _____ **Term:** _____ **Course:** _____

Include specific positive or negative comments on the back of this page; use the category number below for reference.

	<i>Outstanding</i>	<i>Satisfactory</i>	<i>Needs improvement</i>	<i>Unacceptable</i>
1 Course meetings (regular attendance, punctuality, etc.)				
2 Professionalism (appearance, attitude, initiative, leadership, etc.)				
3 Collegiality / peer interaction				
4 Interaction with supervisors/mentor				
5 Incorporates feedback from supervisors/mentor				
6 Contributions to course materials				
7 Foreign Language Day (Fall: proposal submission; Spring: presentation)				
8 Willingness to cover for others in emergencies				
9 Cercle Français / Tavola Italiana / Tertulia			XXXXXX	XXXXXX

Supervisor Signature: _____

GE/Instructor Signature: _____

Date: _____