

Academic Year \_\_\_\_\_

## Evaluation of Non-Clinical Teaching Activities

RE: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

Evaluation submitted by:  Student  PostDoc  Fellow  Other \_\_\_\_\_

The Department of Medicine is greatly interested in improving the teaching of fellows and all other health professionals. For the instructor named above, please circle the number which indicates the degree to which you believe each item is descriptive of him or her.

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	Not at all Descriptive										Very Descriptive	Doesn't apply
1. Instructor is knowledgeable in the field and has command of the subject .	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
2. Instructor presents material in an analytic way, contracts various points of view, discusses current developments.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
3. My knowledge of the subject matter increased as a result of this experience.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
4. Instructor is available, accessible, and meets appointments.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
5. Instructor enjoys teaching; is enthusiastic about the subject; makes the material exciting.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
6. Instructor is effective in providing guidance in the technical and intellectual aspects of research.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
7. Instructor provides feedback.	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>
8. Overall rating of this instructor compared with other teachers you have had at UCLA (10 is best)	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>

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COMMENTS (including suggestions for improvement): \_\_\_\_\_

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Signature of Evaluator: \_\_\_\_\_

Please return to: