



Dalhousie University Student Ratings of Instruction Questionnaire Comments Section

Class: _____ Section: _____ Year: _____ Term (check one): fall winter spring/summer

Instructor (one only, please) _____

Read the following carefully before proceeding:

- Please sign the form if you want your comments to be used for tenure, promotion, re-appointment, or other personnel decisions.
- All signed comments will be photocopied without your signature before being given to the instructor.
- The original signed version will be kept in a confidential file and under no circumstances will your signature be seen by your instructor.
- If you choose not to sign, your original will be given only to your instructor.

Please feel free to comment on any aspect of the instruction. You may want to elaborate here on the reasons for your responses in the other part of the Student Ratings of Instruction Questionnaire.

1. What did your instructor do that helped your learning in this class or clinical setting?

2. Do you have any suggestions for what the instructor could have done differently to further assist you in your learning?

3. Additional comments:

(Use other side, if necessary.)

Your Name (Optional; see above.)

Your Signature (Optional; see above.)