



Instructor Evaluation Form

COURSE/SEMINAR NAME AND/OR NUMBER DEVELOPMENTS & EASEMENTS - CAN THEY CO-EXIST

CHAPTER NAME (if applicable) CARDINAL OHIO

LOCATION COLUMBUS, OHIO DATE(S) 8/13/04

INSTRUCTOR JOE BATES, MINT

Please rate the extent to which your instructor displayed the following characteristics. Use a separate form for each instructor:

	Poor	Fair	Average	Good	Excellent
1. Well prepared and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Followed program manual and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Presented material in clear manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Provided good mixture of lecture, discussion, and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Made effective use of examples and war stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Presented application and relevancy of topic to real world situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Raised challenging questions and problems for discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Fielded students' questions well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Presented material at suitable pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Covered content in sufficient depth, given time constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Available for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Demonstrated mastery of subject and awareness of current developments in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Seemed genuinely concerned with student achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Overall rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Instructor strengths: GOOD KNOWLEDGE OF SUBJECT MATERIAL; GOOD PRESENTATION SKILLS

Instructor weaknesses: _____

Would you take another course/seminar from this instructor? Yes No

If not, why not? _____

Comments: _____

Instructor Evaluation Form

COURSE/SEMINAR NAME AND/OR NUMBER Developments & Easements

CHAPTER NAME (if applicable) Cardinal

LOCATION Columbus OH DATE(S) 8/13/04

INSTRUCTOR Joe Patig

Please rate the extent to which your instructor displayed the following characteristics. Use a separate form for each instructor:

	Poor	Fair	Average	Good	Excellent
1. Well prepared and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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14. Overall rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructor strengths: Good teacher instincts

Instructor weaknesses: _____

Would you take another course/seminar from this instructor? Yes No

If not, why not? _____

Comments: _____

Instructor Evaluation Form

COURSE/SEMINAR NAME AND/OR NUMBER DEVELOPMENT & EASEMENTS: CAN THEY CO EXIST
 CHAPTER NAME (if applicable) CARDINAL OHIO CHAPTER
 LOCATION COLUMBUS OHIO DATE(S) 8/13/04
 INSTRUCTOR JOE, BATIS

Please rate the extent to which your instructor displayed the following characteristics. Use a separate form for each instructor:

	Poor	Fair	Average	Good	Excellent
1. Well prepared and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Instructor strengths: _____

Instructor weaknesses: _____

Would you take another course/seminar from this instructor? Yes No

If not, why not? _____

Comments: _____

Instructor Evaluation Form

COURSE/SEMINAR NAME AND/OR NUMBER Developments and Easements
CHAPTER NAME (if applicable) Cad Ohio
LOCATION Columbus OH FCFJ **DATE(S)** 8/3/04
INSTRUCTOR BATIS

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Instructor strengths: _____

Instructor weaknesses: _____

Would you take another course/seminar from this instructor? Yes No

If not, why not? _____

Comments: _____

Instructor Evaluation Form

COURSE/SEMINAR NAME AND/OR NUMBER DEVELOPMENTS + EASEMENTS
 CHAPTER NAME (if applicable) CARDINAL
 LOCATION COLUMBUS OH DATE(S) 8/13/04
 INSTRUCTOR JOSEPH BATUS

Please rate the extent to which your instructor displayed the following characteristics. Use a separate form for each instructor:

	Poor	Fair	Average	Good	Excellent
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14. Overall rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Instructor strengths: PERSONALITY, APPEARANCE, ELOCUTION

Instructor weaknesses: _____

Would you take another course/seminar from this instructor? Yes No

If not, why not? _____

Comments: _____

