

STUDENT EVALUATION OF INSTRUCTORS

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Form F-17
(Rev. 03-2025)

Instructor Name: _____

Institution/Agency: _____

Block of Instruction: _____ **Date:** _____

Directions: Select the appropriate choice based on your opinion of the instructor's presentation. **Write a short comment why you strongly agree or strongly disagree. (1-Strongly Disagree, 2-Disagree, 3-Agree, 4-Strongly Agree)**

Instructor Qualities:	1	2	3	4	Comments
1. Instructor's voice, tone and volume was able to be heard.					
2. The instructor's speed of speech was clearly understandable.					
3. The instructor made eye contact with me during the class.					
4. Instructor showed enthusiasm for the topic.					
5. Instructor made good use of class time.					
6. Instructor was professionally dressed.					
7. The instructor appeared to be prepared for class.					

Organization and Presentation:	1	2	3	4	Comments
1. The major objectives of the course were made clear.					
2. The course material was clearly explained.					
3. Instructor added personal examples or content relative to training.					
4. The questions I asked were adequately answered.					
5. Student involvement was encouraged in the class.					
6. My viewpoints were addressed in a positive manner.					
7. The instructor's attitude in class was professional towards me, the student.					
8. This presentation prepared me for the end of block test.					

What will you remember most from this class?