

**ADVANCED EDUCATION IN GENERAL DENTISTRY PROGRAM
CURRICULUM REVIEW/INSTRUCTOR FEEDBACK GUIDE**

Date: _____ Time: _____ Hours: _____

Title/Topic: _____

Presenter: _____

| | | | | |
|---------|--|----------|--|------------------------|
| Format: | | Seminar | | Literature Review |
| | | Lecture | | TX Planning Conference |
| | | Hands-on | | |

Learning Objectives:

Comments/Critique:

Number in attendance: _____

Use of audiovisual aids: Yes or No

Chair's Signature: _____

This form is to be completed during session observed.

Rate the following items using a scale of 0-3: 0=poor; 1=fair, 2=good; 3=excellent. If a question does not pertain to a particular session, record N/A.

1. _____ Instructor started promptly.
2. _____ Instructor effectively deal with student questions.
3. _____ Instructor expressed self clearly and concisely.
4. _____ Instructor used time well.
5. _____ Instructor seemed prepared.
6. _____ Instructor showed interest and enthusiasm for material taught.
7. _____ Instructor ended session promptly.
8. _____ Educational objectives were adequately covered.
9. _____ Behavioral objectives were adequately covered.
10. _____ Instructor exhibited flexibility to adapt to unplanned contingencies.
11. _____ Content level was appropriate to class.
12. _____ Content was scientifically accurate.
13. _____ Audio-visual aids were used effectively.
14. _____ Material organized in a systematic and logical manner.
15. _____ Students were attentive during the lecture.
16. _____ Students asked questions.

What one thing, if any, could you suggest to the instructor that might have improved this session, or might improve subsequent presentations?
