Perelman School of Medicine Evaluation Form

Faculty Name: Event Date:

Event Type Lecture FLA Clinical Other (describe)

Event Location: **Event Title:**

Attendee: (circle one)
PSOM Medical Student
Resident or Fellow Faculty

Other (Describe position / hospital / affiliation)

1. Rate the overall quality of the teaching /presentation (0-4, 4= highest score)

0 Far below expectations	1 Below expectations	2 Meets expectations	3 Exceeds expectations	4 Far exceeds expectations
expectations for all	for some features	for all features such	for some features	expectations for all
features such as	such as	as	such as	features such as
*Organization/clarity	*Organization/clarity	*Organization/clarity	*Organization/clarity	*Organization/clarity
*Pace/timing	*Pace/timing	*Pace/timing	*Pace/timing	*Pace/timing
*Enthusiasm for				
topic/teaching	topic/teaching	topic/teaching	topic/teaching	topic/teaching
*Command of				
subject matter				
*Encourages	*Encourages	*Encourages	*Encourages	*Encourages
learner participation				
*Ability to answer learners' questions				

Comments regarding quality of teaching:

Note: If you gave the instructor a score of "0" or "1", please be sure to include comments so that the faculty member can improve their teaching.

2. Do you have any concerns about the professionalism of this faculty member? (circle one) Yes No If you answered "Yes" you must provide a comment below describing the professionalism issue.

Comments: