Student Ratings of Instruction (SRI) for Subject (Secondary Subject)

As part of our focus on improving the student experience at Dalhousie University we are seeking your feedback on the courses in which you are currently enrolled. We believe this feedback will help us better understand and address the issues facing students.

Select the response which best reflects your experiences of the course.

Please use the space provided after each question if you wish to comment further about any aspect of this course.

Because your feedback is important we may send reminders after a few days if we haven’t received your reply.

Please Note: Do not type any identifying information in the comments box. You should indicate via the check box at the end of the comments section on the form if you wish to enter signed copies.

We greatly appreciate your co-operation.

Instructions
- To save your answers and move onto the next section, click the "NEXT" button.
- Please remember to click the "SUBMIT" button after you complete each survey.
- If you are unable to complete the survey in one session, make sure to save your review by clicking the "SAVE" button. To resume a previously saved survey, return to your original email containing the link to your course feedback. If your session times out prior to submitting, please return to your original email.

Sincerely,
Bruno Roy
SRI Program Administrator
Dhari@dai.ca

Please click "NEXT" and complete your evaluation.
TEACHING EFFECTIVENESS: [CSFN] [CSLN].
Rate your instructor's performance on each of the following items by marking the appropriate bubble to the right of each item. If you are unable to make a judgement about a particular item, leave that section blank. If you wish to comment on any aspect of the course, please do so on the comment space provided.

STIMULATION OF LEARNING: The instructor conducted the class in such a way that I was stimulated to learn.

ORGANIZATION: The instructor organized the class well.

COMMUNICATION: The instructor communicated clearly during the class.

ENThusiasm: The instructor showed enthusiasm for the subject matter of the class.

FAIRNESS: The instructor used fair evaluation methods to determine grades.

FEEDBACK: The instructor provided constructive feedback (considering the class size).

CONCERN FOR LEARNING: The instructor showed genuine concern for my learning.

OVERALL TEACHING EFFECTIVENESS: Overall, the instructor was an effective teacher.

Please click the "Next" button below to continue.
<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REQUIRED/ELECTIVE
In my program this class was
○ Required
○ Elective

MOTIVATION FOR TAKING THIS CLASS
Please indicate the primary reason you took this class.
○ Only because it was required.
○ I was interested in the subject matter.
○ I wanted to take a course from this professor.
○ My first choice was not available.

Please click the "Next" button below to continue.
Student Ratings of Instruction (SRI) for Subject (Secondary Subject)

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.

What did your instructor [CSFN/CSLN] do that helped your learning in this class or clinical setting?

Do you have any suggestions for what your instructor [CSFN/CSLN] could have done differently to further assist you in your learning?

Additional comments:

* Check the appropriate box below to indicate whether you want your comments to be used for tenure, promotion, re-appointment, or other human resource decisions. Under no circumstances will your identifying information be provided to your instructor.

- [ ] "YES", I give permission
- [ ] I do not give permission

Please click the "Next" button below to continue.