



**Department of Internal Medicine**

**STUDENT EVALUATION OF LECTURERS**

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DATE: \_\_\_\_\_

NAME OF LECTURER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

Please tick the statement which most closely reflects your views: Kindly note that frank answers will help greatly with development of good and effective lectures. This exercise will enhance your learning.

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1. Do you feel this Lecturer has good knowledge base for his/her teaching?  
Excellent      Very good      Good      POOR  
  
Very poor
2. Does the lecturer communicate his/her subject to enhance your learning?  
Excellent      Very good      Good      POOR  
  
Very poor
3. Does the lecturer give clear course plan at start of semester?  
Excellent      Very good      Good      POOR  
  
Very poor
4. Does the lecturer encourage Question - Answer session?  
Excellent      Very good      Good      POOR  
  
Very poor
5. Does the lecturer exhibit enthusiasm in lecturing?  
Excellent      Very good      Good      POOR  
  
Very poor
6. Do you think that the teaching materials or visual aids used during teaching are effective and useful?  
Excellent      Very good      Good      POOR

Very poor

7. Does the Lecturer offer a good role model to you?

Excellent

Very good

Good

POOR

Very poor

8. Specifically, how would you score the Lecturer in the following dimensions:

a) Communication:-----  
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b) Critical thinking:-----  
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c) Providing feedback to you after giving you assessment examinations:-----  
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Are there any areas of improvement you feel this Lecturer requires to make?-----  
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\*\*You can remain anonymous if you so wish.