Session Feedback Overview:

EVALUATION FORM

Lecture Titles: _____________________________________________________________
Date: __________________________________________________________________
Lecturer: ___________________________ Professor, UCSD Division of Global Public Health

1. Please State one thing that you learned from this session:
   ____________________________________________________________________
   ____________________________________________________________________

2. Please State one thing you would have wanted to learn from this session:
   ____________________________________________________________________
   ____________________________________________________________________

3. How useful do you think that the information presented in this lecture will be to you as a health professional?
   ____________________________________________________________________
   ____________________________________________________________________

4. Please rate the instructor's effectiveness in giving this lecture:
   1= Poor  2= Fair  3= Good  4= Very Good  5= Excellent

5. Knowledge of Subject: 1= Poor  2= Fair  3= Good  4= Very Good  5= Excellent

6. Appropriate level of instruction: 1= Poor  2= Fair  3= Good  4= Very Good  5= Excellent

7. Clear presentation of concepts: 1= Poor  2= Fair  3= Good  4= Very Good  5= Excellent

8. Effectively addresses student questions/needs: 1= Poor  2= Fair  3= Good  4= Very Good  5= Excellent

Additional Comments:
   ____________________________________________________________________
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GPH Teaching Evaluation Form