

San Jose-Evergreen Community College District
English As A Second Language Student Evaluation Form For Teaching Faculty

Name of Teacher _____

Date _____

Name of Class _____

Fall _____ Spring _____ 20 _____

Please Do Not write your name on this paper.

Please check **Yes**, **Sometimes**, or **No** on this paper.

	YES	SOMETIMES	NO
1. This teacher explains the purpose of this class.	_____	_____	_____
2. This teacher explains each lesson clearly.	_____	_____	_____
3. This teacher makes the class interesting for students.	_____	_____	_____
4. This teacher knows the subject well.	_____	_____	_____
5. This teacher respects students.	_____	_____	_____
6. This teacher listens to the opinions of students.	_____	_____	_____
7. This teacher helps me learn.	_____	_____	_____
8. I can understand this teacher.	_____	_____	_____
9. This teacher tells me how I am doing in the class.	_____	_____	_____

IF YOU WANT TO, PLEASE COMMENT:

What do you find helpful about this class?

What will make this class better?
