**Date**: Click or tap here to enter text.

**Course Number**: Click or tap here to enter text. **Course Title**: Click or tap here to enter text.

**Professor**: Click or tap here to enter text.

**1- Teaching the course**

1. **What evidence and outcome did you consider to assess the quality of student learning?**
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. **Identify three areas that were effective in improving student learning and/or achieving the learning outcomes.**
6. Click or tap here to enter text.
7. Click or tap here to enter text.
8. Click or tap here to enter text.
9. **Based on your assessment what are the two areas that need improvement to increase student learning and/or achieve the learning outcomes.**
10. Click or tap here to enter text.
11. Click or tap here to enter text.

**2-** **Student Course Evaluations**

**After reviewing the students’ course evaluations, please state:**

1. **Areas of strength**
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. **Areas requiring improvement**
6. Click or tap here to enter text.
7. Click or tap here to enter text.
8. Click or tap here to enter text.
9. **How do you recommend using this feedback to improve the quality of learning in your course? Please comment below on the students’ course evaluations:**

Click or tap here to enter text.

**3) Objectives for future improvements**

**What concrete steps will you take to improve this course?**

Click or tap here to enter text.

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| **Program** Click or tap here to enter text. | | **Date Submitted** Click or tap here to enter text. |
| **Course Title & Number** Click or tap here to enter text. | | |
| **Outcome 1** | | |
| **Outcome** | Click or tap here to enter text. | |
| **Methods of Assessment** | Click or tap here to enter text. | |
| **Measures/Levels of Expectation** | Click or tap here to enter text. | |
| **Assessment Results** | Click or tap here to enter text. | |
| **Use of Results for**  **Course Improvement** | Click or tap here to enter text. | |

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| --- | --- | --- |
| **Program** Click or tap here to enter text. | | **Date Submitted** Click or tap here to enter text. |
| **Course Title & Number** Click or tap here to enter text. | | |
| **Outcome 2** | | |
| **Outcome** | Click or tap here to enter text. | |
| **Methods of Assessment** | Click or tap here to enter text. | |
| **Measures/Levels of Expectation** | Click or tap here to enter text. | |
| **Assessment Results** | Click or tap here to enter text. | |
| **Use of Results for**  **Course Improvement** | Click or tap here to enter text. | |

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| **Program** Click or tap here to enter text. | | **Date Submitted** Click or tap here to enter text. |
| **Course Title & Number** Click or tap here to enter text. | | |
| **Outcome 3** | | |
| **Outcome** | Click or tap here to enter text. | |
| **Methods of Assessment** | Click or tap here to enter text. | |
| **Measures/Levels of Expectation** | Click or tap here to enter text. | |
| **Assessment Results** | Click or tap here to enter text. | |
| **Use of Results for**  **Course Improvement** | Click or tap here to enter text. | |