

DMIN COURSE EVALUATION

COURSE NO:

COURSE TITLE:

TERM:

YEAR:

PROFESSOR:

NAME OF FOCUS GROUP:

For the Questions below, please choose the number best corresponding with your opinion based on the scale below.

1 = Poor 2 = Below Average 3 = Adequate 4 = Excellent

1. WHAT WERE THE COURSE OBJECTIVES AS YOU UNDERSTOOD THEM? WERE THEY MET?

Through the class sections? ☐ 1 ☐ 2 ☐ 3 ☐ 4

Through the readings? ☐ 1 ☐ 2 ☐ 3 ☐ 4

Through assignments? ☐ 1 ☐ 2 ☐ 3 ☐ 4

2. WITH RESPECT TO THE READINGS ASSIGNED:

Good quality, stimulated critical and creative thinking ☐ 1 ☐ 2 ☐ 3 ☐ 4

Adequate diversity in perspective ☐ 1 ☐ 2 ☐ 3 ☐ 4

Quantity of material was appropriate ☐ 1 ☐ 2 ☐ 3 ☐ 4

Readings were related to course objectives ☐ 1 ☐ 2 ☐ 3 ☐ 4

Readings were related to course requirements ☐ 1 ☐ 2 ☐ 3 ☐ 4

3. WAS THERE CONTINUITY BETWEEN CLASS SESSIONS, READINGS AND ASSIGNMENTS?

☐ Yes

☐ No

4. DID THE PROFESSOR:

Conduct classes in an organized fashion?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Communicate clearly and effectively?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Have adequate knowledge of the subject?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Have concern for the students?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Promote critical thinking?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

5. DID YOU FEEL FREE TO EXPRESS AND SUPPORT YOUR OPINIONS?

- ☐ Yes
- ☐ No

If not, was this due to the attitude of the:

PROFESSOR?

- ☐ Yes
- ☐ No

STUDENTS?

- ☐ Yes
- ☐ No

6. RATE THE EFFECTIVENESS OF THE FOLLOWING:

Class Sessions	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Student Reports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Other (listed below)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

OTHER

7. DID THE PROFESSOR PRESENT MATERIAL AND REQUIRE WORK AT AN APPROPRIATE GRADUATE LEVEL?

- ☐ Too Easy
- ☐ Just Right
- ☐ Too Hard

8. Was the written or verbal feedback regarding performance:

TIMELY?

- ☐ Yes
- ☐ No

ADEQUATE?

- ☐ Yes
- ☐ No

CONSISTENT WITH THE METHOD STATED AT THE BEGINNING OF THE COURSE?

- ☐ Yes
- ☐ No

HOW COULD THIS HAVE BEEN IMPROVED TO HELP YOU LEARN?

9. In what ways did you contribute to your own learning:

ATTEND CLASSES

- ☐ All
- ☐ Most

- ☐ Some
- ☐ None

PARTICIPATED IN CLASS

- ☐ All
- ☐ Most
- ☐ Some
- ☐ None

COMPLETED READINGS

- ☐ All
- ☐ Most
- ☐ Some
- ☐ None

DID SUGGESTED OUTSIDE READING

- ☐ All
- ☐ Most
- ☐ Some
- ☐ None

10. THIS COURSE HAS:

Stimulated my interest in this subject	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Helped me to do creative thinking on this subject	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Changed or deepened my theological perspective	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Affected the way in which I will do ministry	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Changed the way in which I will think about the world	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Changed perceptions in my personal life	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

11. WHAT WERE YOUR EXPECTATIONS IN THIS COURSE?

WERE THEY MET?

- ☐ Yes
- ☐ No

IF NOT, PLEASE EXPLAIN.

12. LIST ADDITONAL READINGS OR SUBJECT AREAS WHICH YOU WOULD ADD TO THIS COURSE.

13. LIST SPECIFIC STRENGTHS OF THE COURSE OR THE PROFESSOR.

14. LIST SPECIFIC AREAS FOR IMPROVEMENT FOR THE COURSE OR THE PROFESSOR.

SUBMIT

** required*

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Pittsburgh Theological Seminary
616 North Highland Avenue
Pittsburgh, PA 15206
Phone: 412-362-5610



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