THE OHIO STATE UNIVERSITY

College of Medicine
Guest Lecture Evaluation Form

INSTRUCTOR:_____Course:_____DATE:_____

KEY: NO= NOT OBSERVED   SD+ Strongly Disagree   D= disagree   A = Agree   SA = Strongly Agree

	NO	SD	D	A	SA
1. Faculty was well prepared for lecture. Comments:					
2. Rationale/orientation and objectives for lecture : faculty presented a rationale and or objectives for the l ecture Comments:					
3. Interest, enthusiasm and rapport with the audience: faculty exhibited interest in his/her topic Comments:					
4. Organization of lecture material : faculty presented in organized and logical manner that was easy to follow and understand Comments:					

		NO	SD	D	A	SA
5.	Audiovisual and learning materials : teaching materials were clear, legible, of the right font size with sufficient contrast to be read by the audience Comments:					
6.	Handouts : if available, were easy to follow, clear, included important points of the lecture and were coordinated with the AV materials Comments:					
7.	Presenter maintained eye contact with audience, observed and responded to audience Comments:					
8.	Pace and level of the lecture was not too fast or slow and was at a level of understanding appropriate for the audience Comments:					

		NO	SD	D	A	SA
9.	Asking and answering questions: faculty use rhetorical questions, encouraged audience Q&A, repeated questions that were asked Comments:					
10.	Use of examples : used examples, cases, problems, etc. to explain concepts) Comments:					
11.	Knowledge base: seemed knowledgeable about subject matter– content was accurate and evidence based Comments:					
12.	Overall quality of the lecturer (content and presentation ability) Comments:					