

**OUTCOMES ASSESSMENT  
FOR  
INDIVIDUAL PRESENTATION**

**Oral Report Delivery Evaluation Form**

Student Name: \_\_\_\_\_ Class (Group) Number: \_\_\_\_\_

<b>Dimension</b>	<b>Excellent</b>	<b>Satisfactory</b>	<b>Minimally Acceptable</b>	<b>Needs Improvement</b>
<b>Avoidance of Crutches (Ums, Uhs, You Know)</b>				
<b>Body Control</b>				
<b>Voice and Delivery</b>				
<b>Speed of Delivery</b>				
<b>Vocabulary</b>				
<b>Clarity</b>				
<b>Use of Visual Aids</b>				
<b>Sentence Structure and Grammar</b>				

**Comments:**

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### STUDY GROUP EVALUATION FORM

Note: This form is to be completed by each group member in confidence. The faculty member should also maintain confidentiality.

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Group Name: \_\_\_\_\_

(1) Names	(2) Attending Planning Session	(3) Prepared Materials	(4) Demonstrated Voluntary Cooperation	(5) Fulfilled Responsibility In Class	(6) Overall Evaluation
1.					
2.					
3.					
4.					
5.					
6.					
Your Name:					

1. List the names of each group member and your name as indicated. Be sure to evaluate yourself.
2. On a scale of 0 to 5 (with 0 being the lowest and 5 the highest), indicate to what extent each member of the group attended the scheduled study group sessions.
3. On a scale of 0 to 5 (with 0 being the lowest and 5 the highest), indicate to what extent each study group member prepared assigned materials.
4. On a scale of 0 to 5 (with 0 being the lowest and 5 the highest), indicate to what extent each study group member demonstrated voluntary cooperation,
5. On a scale of 0 to 5 (with 0 being the lowest and 5 the highest), indicate to what extent each study group member participated in class with all responsibilities fulfilled.
6. On a scale of 0 to 5 (with 0 being the lowest and 5 the highest), rate the overall contribution of each group member.

(These forms should be collected by the faculty member and used in student evaluations.)

**WILLIAM WOODS UNIVERSITY  
COLLEGE OF GRADUATE AND ADULT STUDIES  
PEER GROUP EVALUATION  
GROUP PROJECT**

PART I. In this section list YOUR responsibilities and what part of the group project you were responsible for. Report on all tasks connected with the assignment, e.g., what parts of the project you developed as well as other tasks, such as copy editing, research, typing, etc.

STUDY GROUP \_\_\_\_\_ YOUR NAME \_\_\_\_\_

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PART II. Please evaluate the total contribution of the OTHER members of your STUDY GROUP. In giving each of them a score, assume that there are 100 points available for each member of the study group (other than yourself). This, if the study group numbers five (including you), there are 400 points available to distribute among your four teammates. Allocate them in a manner which you believe properly reflects each person's relative contribution to the project. Since all members have unique contributions each member must have a different point total. Some members may be over 100 while others will be under 100. In any case, however, the total points allocated should be equal to 100 x number of teammates (excluding you).

Since this will be a factor in their evaluation, please give this careful thought. Your evaluations are confidential. When you have completed this, please return it to your faculty facilitator.

Study Group Members (In Rank Order-excluding yourself)	Points
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: You should make this evaluation BY YOURSELF, not jointly with your colleagues. Any additional comments you have may be listed on the back of this form. Graduate and Adult Studies

## Student End-of-Course Survey

Your responses to the following questions will assist us in meeting your needs and the needs of future students. Please note that Section I applies to the course content, resources, and structure while Section II pertains to the faculty facilitator for the class. We greatly appreciate your assistance.

Course Title: \_\_\_\_\_ Course # \_\_\_\_\_ COHORT: \_\_\_\_\_

Faculty Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

Please **circle** the number that best represents your opinion regarding the given statement.

<b>Section I (Course Evaluation)</b>	Strongly Disagree					Strongly Agree
1. The goals and outcomes of the course were appropriate for my learning needs.	1	2	3	4	5	6
2. The text(s), if any, were appropriate for the goals of the course. If multiple texts were required, please rate each.	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
3. Supplementary materials and resources were appropriate for the goals of the course.	1	2	3	4	5	6
4. Learning activities, as outlined in the syllabus, were appropriate for the goals of the course.	1	2	3	4	5	6
5. Learning activities, as outlined in the syllabus, were appropriate in length and in number to achieve the learning goals for the class.	1	2	3	4	5	6
6. Classroom facilities were satisfactory.	1	2	3	4	5	6
7. My contacts with University staff, other than my faculty facilitator, resulted in courteous treatment. (Leave blank if no contact)	1	2	3	4	5	6
8. What is your overall rating of the course content?	Poor			Excellent		
	1	2	3	4	5	6

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Section II (Faculty Facilitator Evaluation)</b>	Strongly Disagree			Strongly Agree		
9. The faculty facilitator demonstrated knowledge of the concepts covered in the course.	1	2	3	4	5	6
10. The faculty facilitator established a good working relationship with the class.	1	2	3	4	5	6
11. The faculty facilitator gave me new insights into the subject matter of the course.	1	2	3	4	5	6
12. The faculty facilitator was prepared for classroom activities.	1	2	3	4	5	6
13. The faculty facilitator displayed enthusiasm during classroom activities.	1	2	3	4	5	6
14. The faculty facilitator encouraged students to express their opinions.	1	2	3	4	5	6
15. The faculty facilitator established clear course requirements and expectations.	1	2	3	4	5	6
16. The faculty facilitator displayed interest in and concern for student learning.	1	2	3	4	5	6
17. The faculty facilitator demonstrated appropriate evaluative and assessment techniques.	1	2	3	4	5	6
18. What is your overall rating of the faculty facilitator's performance?	Poor			Excellent		
	1	2	3	4	5	6

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional sheet(s) as necessary.





**Week # 3**

**Week # 4**

**Week # 5**

**Week # 6**

**Week # 7**

**Week # 8**

**Week # 9**

**Week #10**

**Student # 3**

**Week # 1**

**Week # 2**

**Week # 3**

**Week # 4**

**Week # 5**

**Week # 6**

**Week # 7**

**Week # 8**

**Week # 9**

**Week #10**

**Student # 4**

**Week # 1**

**Week # 2**

**Week # 3**

**Week # 4**

	Week # 5		
	Week # 6		
	Week # 7		
	Week # 8		
	Week # 9		
	Week #10		
Student # 5	Week # 1		
	Week # 2		
	Week # 3		
	Week # 4		
	Week # 5		
	Week # 6		
	Week # 7		
	Week # 8		
	Week # 9		
	Week #10		

**FACULTY'S REVIEW AND VERIFICATION:** Meeting sites were appropriate and conducive to learning more (circle). YES or NO I have reviewed students attendance as stipulated by policy (circle). Yes or NO Non-Attendance, attendance for less than the required time, or other noted deficiencies in study group meetings, must be considered in the grading process. Completed learning team logs must be submitted with final grades. (1/2/01)

\_\_\_\_\_  
Facilitator Signature

\_\_\_\_\_  
Facilitator Name (printed)

\_\_\_\_\_  
Date