



INDIANA UNIVERSITY SOUTHEAST

MUSIC DEPARTMENT
School of Arts and Letters

INSTRUCTOR EVALUATION FORM FOR APPLIED MUSIC

This form is confidential and should be returned – unsigned – to the Music Department Office staff

*This form should **not** be completed in the presence of the instructor*

Name of Instructor being evaluated: _____

Semester: _____ Year: _____ Course: _____
(Indicate Voice, Piano, Violin, etc. as well as number)

Indicate your general level of proficiency in this medium:

- Beginner Medium Advanced

Indicate your satisfaction with your progress this semester:

- Excellent Good Satisfactory Poor

Indicate the level of your instructor's interest in and dedication to your progress:

- Excellent Good Satisfactory Poor

Has your instructor given your lessons on time as scheduled?

- Excellent Good Satisfactory Poor

Does the instructor communicate clearly what you are expected to learn for each lesson and the semester as a whole?

- Excellent Good Satisfactory Poor

Compared to other teachers you have had, how do you rate this instructor?

- Excellent Good Average Poor

Would you continue to take lessons from this instructor and/or recommend this instructor to other students?

- Yes, enthusiastically Yes No

COMMENTS (optional) (use back of page if necessary)
