STUDENT EVALUATION QUESTIONNAIRE FOR TENURE REVIEW

* Please type this form or answer the same questions on a word-processor if possible; do not use pencil on the form. Typewritten responses greatly assist our review process. Please sign the form.

**Evaluation of __________________________________________**

(Faculty Member’s Name)

1. Which courses and/or labs did you have with this faculty member? What other interactions did you have, e.g. as advisor, comps advisor, or work supervisor? Please complete the following:

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Title</th>
<th>Academic Year</th>
<th>Term(s)</th>
<th>Are/were you a major in this person's department?</th>
</tr>
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</table>

2. How many years have you completed at Carleton? _____

CHECK ONE  MALE ☐  FEMALE ☐

3. List briefly the criteria you consider in judging the effectiveness of a faculty member at Carleton. What qualities are most helpful to your learning?

4. Measured by these criteria, what are this faculty member’s strengths? How and how well did this faculty member help you to learn? (Continue on back or separate sheet of paper if need be.)
5. Does this faculty member have weaknesses that affected your learning? If so, how?

6. Are there aspects of this faculty member’s scholarly or creative work, or breadth of intellectual interest, that enhance his or her teaching effectiveness?

7. Name, if you will, several of the most effective faculty you have had at Carleton.

8. Keeping in mind all the faculty you have had at Carleton, please check the phrase below that most closely reflects your rating of this faculty member:

<table>
<thead>
<tr>
<th>among the least effective</th>
<th>considerably less effective than average</th>
<th>less effective than average</th>
<th>of average effectiveness among Carleton faculty</th>
<th>more effective than average</th>
<th>considerably more effective than average</th>
<th>among the most effective</th>
</tr>
</thead>
</table>

INFORMATION BELOW MUST BE INCLUDED IN ORDER FOR THIS QUESTIONNAIRE TO BE CONSIDERED IN THE REVIEW. IT WILL BE DELETED WHEN VIEWED BY FACULTY MEMBERS.

Name: __________________________________________

Address: _________________________________________

City, State, Zip: _________________________________

Signature: _______________________________________

If you have any questions please contact Sarah Rechtzigel, Academic Projects Specialist, at 507-646-4814 or srechtzi@acs.carleton.edu.