PREMIER HEALTHCARE ACADEMY & SCHOOL OF NURSING, L.L.C.

Instructor Evaluation Form

Class_____

Answer with a Yes or NO and comment.

	Class	Clinical	Lab	Substitute
Please write your instructors name in the space provided.				
Did your instructor deliver the content in a way you could understand?				
Did your instructor present the information in an interesting manner?				
Do you feel your instructor really cared about you and your grade as a student?				
Do you feel you had all the materials needed for learning?				
Do you feel your instructor used different techniques to deliver the information to you?				
Was you instructor on time and prepared?				
Do you feel the instructor prepared you for clinical and lab? Do you feel your clinical/ lab instructor made themselves available to you when you needed them or had questions?				

Any additional information you would like to share: