Evaluation Questionnaire

Just as evaluation is important for our students, evaluation is extremely valuable to our faculty. Please print the following questionnaire and take a few moments to complete the following questionnaire about each of your teachers. Forms should be submitted anonymously at the ECMS office, or returned by mail. Ultimately, the teacher will receive this evaluation.

Teaching Assessment Student/Parent Response Form

Your grade level in school (if applicable) _________

Your Eastman teacher’s name ________________________

How long have you been studying with this teacher? ___________

Please circle your response:  0 – not applicable  1 – strongly disagree  5 – strongly agree

Student Teacher Rapport
1. The teacher showed me respect as a person and as a musician. 0 1 2 3 4 5
2. The teacher counseled me on career issues, courses and diploma programs. 0 1 2 3 4 5
3. The teacher was available for help, if needed, outside of the class/lesson. 0 1 2 3 4 5
4. The teacher was open to different points of view. 0 1 2 3 4 5
5. The teacher encouraged me to strive for my personal best. 0 1 2 3 4 5
6. The teacher was a good listener. 0 1 2 3 4 5
7. The teacher encouraged me to ask questions. 0 1 2 3 4 5

Self Evaluation
8. I have improved the way I perform/work or study. 0 1 2 3 4 5
9. My appreciation and enjoyment of music has grown. 0 1 2 3 4 5
10. My success encourages me to practice or study more. 0 1 2 3 4 5
11. I was always prepared for class/lessons. 0 1 2 3 4 5
12. I had good attendance at class/lessons. 0 1 2 3 4 5
13. I tried to apply the suggestions I was given. 0 1 2 3 4 5
14. I attended master classes. 0 1 2 3 4 5

Classroom/Studio/Ensemble Organization
15. Scheduled classes/lessons/ensembles were on time. 0 1 2 3 4 5
16. The teacher took initiative in making up classes/lessons/ensembles missed. 0 1 2 3 4 5
17. Students were informed in advance of instructor absences. 0 1 2 3 4 5
18. The teacher gave the full time allotted for each class/lesson/ensemble. 0 1 2 3 4 5
19. The class had a clear syllabus with clear objectives. 0 1 2 3 4 5
20. The teacher provided info on studio/class/ensemble policies and expectations. 0 1 2 3 4 5

Course or Lesson Content
21. The teacher exhibited a mastery of the subject area. 0 1 2 3 4 5
22. The teacher was well-prepared for classes/lessons/ensembles. 0 1 2 3 4 5
23. Assignments/repertoire helped me better understand the subject matter. 0 1 2 3 4 5
24. Exams and assignments were helpful and were returned promptly. 0 1 2 3 4 5
25. Tests reflected the course content. 0 1 2 3 4 5

Establishing Student Goals
26. Clear goals were set at the beginning of the first class/lesson/ensemble. 0 1 2 3 4 5
27. The teacher considered my musical interests in making a study plan. 0 1 2 3 4 5
28. The teacher developed a plan to maximize my learning. 0 1 2 3 4 5
29. The teacher encouraged me to work and think independently. 0 1 2 3 4 5
30. My studio teacher encouraged me to participate in recitals/ensembles. 0 1 2 3 4 5
Teaching and Learning
31. I was comfortable with the pace at which the material/repertoire was covered. 0 1 2 3 4 5
32. The teacher explained concepts clearly. 0 1 2 3 4 5
33. The teacher presented ideas in a positive way. 0 1 2 3 4 5
34. The teacher explained the “how and why” of a practice/study task. 0 1 2 3 4 5
35. The teacher guided me in establishing good practice/study habits. 0 1 2 3 4 5
36. The teacher showed an interest in my progress. 0 1 2 3 4 5
37. The teacher gave me feedback on my progress. 0 1 2 3 4 5

Narrative for students
Why did you take this class/lesson?
________________________________________________________________________________________________________
What did you like best about your class/lessons?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
What did you like least about your class/lessons?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
What changes would you like to see in your class/lessons?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
How do you feel about the difficulty level of material for your class/lessons?
________________________________________________________________________________________________________

Parental Evaluation
38. I am satisfied with the teaching my child receives. 0 1 2 3 4 5
39. My child’s performing/comprehension has improved. 0 1 2 3 4 5
40. ECMS provides good resources for learning music. 0 1 2 3 4 5
41. I have adequate communication with the teacher regarding my child. 0 1 2 3 4 5

Narrative for parents
Please provide some general comments about the teacher and his/her teaching (is there anything you would like to see changed?)
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Students and parents – Additional comments concerning your teacher are welcome. Please attach another sheet if needed.

Thank you very much for filling out this form to assist us in continually improving and assessing our teaching.