

**INDIANA UNIVERSITY
SCHOOL PSYCHOLOGY PROGRAM
STUDENT REVIEW FORM - COURSE INSTRUCTOR**

Student's Name: _____

Student's Advisor: _____

Reviewer: _____ Reviewer Signature: _____ Date: _____

Please review each of the following items and rate on the following scale: "1" ("Poor") to 3" ("Average") to "5" ("Excellent"), or "N" for "Not applicable" or "No opportunity".

	Poor		Avg.		Exc.	
Academic Performance	1	2	3	4	5	N
● Performance during course(s)						
● Mastery of material						
● Effort						
● Commitment to excellence						
● Writing skills						
● Oral communication skills						
● Research skills						
● Knowledge of professional literature						
● Class ranking						
● Overall rating						

Comments (use reverse side as needed):