

Instructor Form

Student Name: _____

Course: _____

Instructor Name: _____

Date: _____ Fall/Spring (circle one) _____ (year)

Note to the Instructor: The student you are meeting with is participating in a Student Diversity & Inclusion Success Program. As part of the program, the student is required to meet with the instructor (or graduate assistant) once per semester to discuss academic progress and to complete the following ratings sale. If you have any questions about the Student Diversity & Inclusion Success Program or any concerns about the student, please contact the Student Diversity & Inclusion office at 777-6175. Thank you for your time in meeting and assisting the student in completing this form.

Together, please discuss these topics:

	Excellent				Poor		
	5	4	3	2	1		
Attendance	5	4	3	2	1		N/A
Class participation	5	4	3	2	1		N/A
Homework assignments	5	4	3	2	1		N/A
Quality of work	5	4	3	2	1		N/A
Preparation for class	5	4	3	2	1		N/A
Comprehension of material	5	4	3	2	1		N/A
Overall performance to date	5	4	3	2	1		N/A

Other comments, concerns or recommendations:

Student Signature: _____

Instructor Signature: _____

Date: _____