

Evaluation Form

Module Name: _____

Semester: _____

Lecturer: _____

Date: _____

1. What is your overall impression of the course (structure, content, method)

++ + 0 - --

2. Performance requirements of the course (difficulty, effort)

much too high too high appropriate too low much too low

3. Communication of the subject matter (language, comprehensibility)

++ + 0 - --

4. Use of media (quality and relevance, slides, innovative media)

++ + 0 - --

5. Did the course motivate the students?

+ 0 -

6. Did the course provide sufficient opportunity for questions, discussion and active participation?

++ + 0 - --

7. Accessibility of the lecturer (During specific surgery hours or after lectures)

+ 0 -

8. Time Management of the lecturer

too fast just right too slow

Evaluation Form

9. Was there sufficient learning support during the lectures / tutorials?

yes
no

10. If applicable: assess the time needed for preparation for lectures / tutorials in terms of time needed and volume of work

appropriate
too extensive

11. If applicable: did the tutorials lead to a better understanding of the subject matter?

yes
no

12. Which of the ranges below most closely describes your attendance at lectures?

75% - 100%
50% - 75%
25% - 50%
0% - 25%

13. What was the workload that you devoted to your studies overall per week (including both class sessions and private study)?

< 20h
20h-30h
30h-40h
40h-50h
> 50h

14. How many hours of remunerated work did you perform per week?

0h
1h-5h
5h-10h
10h-20h
>20h

15. What did you especially like about the course?

16. What could be improved in the course?

17. How would you assess your own participation in the course?