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
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?