



## Regional Faculty Evaluation Form

*To be completed by individuals coached or class participants taught by Regional Faculty*

Faculty Member Name: \_\_\_\_\_

Class or Group Coached: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

*Please indicate your rating (1= low and 5= high) for each line below.*

*Regional Faculty welcome comments that help them improve.*

Complete and return to:

**Julie Starr**

**Regional Faculty Coordinator**

1117 Lafayette Drive

Sunnyvale, CA 94087

C 408 203-4593

[jbs0202@outlook.com](mailto:jbs0202@outlook.com)

**\*Email preferred\***

	1	2	3	4	5
<b>Subject knowledge</b> Demonstrates mastery of subject, answers questions, and offers practical application					
<b>Expectations</b> Shares session objectives and outlines plan at the outset; if coaching, gathers input from the group being coached					
<b>Clarity</b> Communicates clearly, checks for understanding periodically					
<b>Interpersonal skills</b> Involves participants and maintains attention, addresses all participants, treats all participants with respect					
<b>Presentation/Management skills</b> Starts on time, keeps the session moving, handles disruptions well, summarizes at the end					
<b>Demeanor</b> Displays confidence and enthusiasm, is encouraging to all participants					

What did you enjoy most about this session?

What one thing would you suggest to help this faculty/coach continue to grow and improve?

*Please use additional sheets if needed.*

Signed (optional): \_\_\_\_\_