



## STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 09 MAY 2016 COURSE: MGMT 80  
INSTRUCTOR: MUCCI SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: BEFORE FIRST CLASS.
3. How well did your instructor explain how your final grade would be calculated?
- | <u>Very Well</u>                    | <u>Well</u>              | <u>Not Very Well</u>     | <u>Never Explained</u>   |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. Did your instructor come to class prepared?
- | <u>Always</u>                       | <u>Most Always</u>       | <u>Sometimes</u>         | <u>Rarely</u>            | <u>Never</u>             |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
5. Does your instructor start class on time?
- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
6. How often does your instructor present the subject matter clearly?
- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
7. If exams and quizzes were given, were they reflective of the material covered in class?
- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?
- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
9. Did your instructor show interest in your success and progress?
- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
10. Did your instructor give more than one explanation of difficult points?
- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
11. Did your instructor encourage students to participate in class discussions?
- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

(OVER)

# STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 5/9/16 COURSE: MGMT 80  
INSTRUCTOR: Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?
 

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?
 

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------
9. Did your instructor show interest in your success and progress?
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------
10. Did your instructor give more than one explanation of difficult points?
 

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

(OVER)

# STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 5-9-16 COURSE: MAAT 80

INSTRUCTOR: Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: email before class started
3. How well did your instructor explain how your final grade would be calculated?
 

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?
 

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)



## STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 5/9/14 COURSE: Management 80  
INSTRUCTOR: Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did your instructor come to class prepared?

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your instructor start class on time?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------
6. How often does your instructor present the subject matter clearly?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------
9. Did your instructor show interest in your success and progress?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------
10. Did your instructor give more than one explanation of difficult points?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------
11. Did your instructor encourage students to participate in class discussions?

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------

(OVER)



# STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 05/09/17 COURSE: MGMT 80  
INSTRUCTOR: Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?  

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?  

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)



## STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 05/09/16 COURSE: mgmt 80

INSTRUCTOR: Mr. Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)

# STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 5/9/16 COURSE: MGMT 80

INSTRUCTOR: MUCCI SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?
 

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?
 

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

(OVER)



LONG BEACH  
CITY COLLEGE

## STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE May 9<sup>th</sup> COURSE: Small Business Entrepreneurship  
INSTRUCTOR: Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

- |  |  |  |   |   |                          |
|--|--|--|---|---|--------------------------|
| 1. Did your instructor supply you with a syllabus?   | Yes <input checked="" type="checkbox"/>              | No <input type="checkbox"/>              |   |   |                          |
| 2. When did you receive the syllabus?  | 1 <sup>st</sup> <input checked="" type="checkbox"/>  | 2 <sup>nd</sup> <input type="checkbox"/> | 3 <sup>rd</sup> <input type="checkbox"/>      | 4 <sup>th</sup> <input type="checkbox"/>        | meeting or other: _____  |
| 3. How well did your instructor explain how your final grade would be calculated?                        | <u>Very Well</u> <input checked="" type="checkbox"/> | <u>Well</u> <input type="checkbox"/>     | <u>Not Very Well</u> <input type="checkbox"/> | <u>Never Explained</u> <input type="checkbox"/> |                          |
|  | <u>Always</u>  | <u>Most Always</u>                       | <u>Sometimes</u>                              | <u>Rarely</u>                                   | <u>Never</u>             |
| 4. Did your instructor come to class prepared?   | <input checked="" type="checkbox"/>                  | <input type="checkbox"/>                 | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 5. Does your instructor start class on time?   | <input type="checkbox"/>                             | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 6. How often does your instructor present the subject matter clearly?                                    | <input checked="" type="checkbox"/>                  | <input type="checkbox"/>                 | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 7. If exams and quizzes were given, were they reflective of the material covered in class?               | <input type="checkbox"/>                             | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner? | <input type="checkbox"/>                             | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 9. Did your instructor show interest in your success and progress?                                       | <input checked="" type="checkbox"/>                  | <input type="checkbox"/>                 | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 10. Did your instructor give more than one explanation of difficult points?                              | <input checked="" type="checkbox"/>                  | <input type="checkbox"/>                 | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 11. Did your instructor encourage students to participate in class discussions?                          | <input checked="" type="checkbox"/>                  | <input type="checkbox"/>                 | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/> |

(OVER)



# STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE May 9 - 2016 COURSE: Entrepreneurship Mgmt 80  
INSTRUCTOR: Mucci. SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?
 

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?
 

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?
 

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)

## STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 05/09/16 COURSE: MGMT 80

INSTRUCTOR: James Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: Actually, before the class started.
3. How well did your instructor explain how your final grade would be calculated?
 

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?
 

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)



# STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 5/9/2016 COURSE: MGT 80  
INSTRUCTOR: Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: BEFORE 1ST CLASS ONLINE
3. How well did your instructor explain how your final grade would be calculated?  

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?  

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)



## STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 05-09-16 COURSE: Business management 80  
INSTRUCTOR: Mucci SECTION NUMBER: 31375

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

- |  |   |  |  |  |                          |
|--|---|--|--|--|--------------------------|
| 1. Did your instructor supply you with a syllabus?   | Yes <input checked="" type="checkbox"/>                 | No <input type="checkbox"/>              |  |  |                          |
| 2. When did you receive the syllabus?  | 1 <sup>st</sup> <input checked="" type="checkbox"/>     | 2 <sup>nd</sup> <input type="checkbox"/> | 3 <sup>rd</sup> <input type="checkbox"/>         | 4 <sup>th</sup> <input type="checkbox"/>           | meeting or other: _____  |
| 3. How well did your instructor explain how your final grade would be calculated?                        | <u>Very Well</u><br><input checked="" type="checkbox"/> | <u>Well</u><br><input type="checkbox"/>  | <u>Not Very Well</u><br><input type="checkbox"/> | <u>Never Explained</u><br><input type="checkbox"/> |                          |
|  | <u>Always</u>   | <u>Most Always</u>                       | <u>Sometimes</u>                                 | <u>Rarely</u>                                      | <u>Never</u>             |
| 4. Did your instructor come to class prepared?   | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>                           | <input type="checkbox"/> |
| 5. Does your instructor start class on time?   | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>                           | <input type="checkbox"/> |
| 6. How often does your instructor present the subject matter clearly?                                    | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>                           | <input type="checkbox"/> |
| 7. If exams and quizzes were given, were they reflective of the material covered in class?               | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>                           | <input type="checkbox"/> |
| 8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner? | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>                           | <input type="checkbox"/> |
| 9. Did your instructor show interest in your success and progress?                                       | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>                           | <input type="checkbox"/> |
| 10. Did your instructor give more than one explanation of difficult points?                              | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>                           | <input type="checkbox"/> |
| 11. Did your instructor encourage students to participate in class discussions?                          | <input checked="" type="checkbox"/>                     | <input type="checkbox"/>                 | <input type="checkbox"/>                         | <input type="checkbox"/>                           | <input type="checkbox"/> |

(OVER)



## STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 5/9/16 COURSE: Mgmt 80  
INSTRUCTOR: Professor Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)

# STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 5/9/16 COURSE: Mgmt 80  
INSTRUCTOR: Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?  

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?  

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)



LONG BEACH  
CITY COLLEGE

# STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE 8-9 COURSE: Mgmt 80

INSTRUCTOR: Prof. Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?
 

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?
 

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?
 

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)



## STUDENT EVALUATION OF ADJUNCT INSTRUCTOR

DATE May 9, 2016 COURSE: Mgmt. 80  
INSTRUCTOR: Professor Mucci SECTION NUMBER: 31373

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

1. Did your instructor supply you with a syllabus? Yes ☒ No ☐
2. When did you receive the syllabus? 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ meeting or other: \_\_\_\_\_
3. How well did your instructor explain how your final grade would be calculated?  

<u>Very Well</u>	<u>Well</u>	<u>Not Very Well</u>	<u>Never Explained</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your instructor come to class prepared?  

<u>Always</u>	<u>Most Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your instructor start class on time?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
6. How often does your instructor present the subject matter clearly?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
7. If exams and quizzes were given, were they reflective of the material covered in class?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
8. Did you receive feedback for assignments and assessments (i.e. exams and quizzes) in a timely manner?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
9. Did your instructor show interest in your success and progress?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
10. Did your instructor give more than one explanation of difficult points?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------
11. Did your instructor encourage students to participate in class discussions?  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(OVER)