

Department Chair use only

Date Submitted: _____

Action Required: _____

University of Florida
College of Health and Human Performance
Department of Health Education & Behavior
Instructor Feedback Form

Directions: The purpose of this form is to provide students the opportunity to provide feedback, comments, and/or observations about an HEB instructor in a confidential manner. Please complete the form by describing specific information about the instructor's teaching style and/or overall performance. It is NOT required that students place their name on the form. Additionally, students have the option to meet with the Department Chair to discuss the issue(s) described on the form; however, it is not required. Once completed, please submit the form to room 5 of the Florida Gym, ATTN: HEB Department Chair. You may also mail the form to HEB Department Chair, PO Box 118210, FLG-5, Gainesville, FL 32611-8210.

Instructor's name:

Description of the instructor's teaching style and/or overall performance:

[Please describe in behavioral terms, and include as many details about the observation as possible. Your description may include all or some of the following: what occurred, the result of the occurrence, the actions and/or recommendations for the Department as a result of this occurrence]

Optional: Please indicate if you would like to meet with the Department Chair, and if so, how to contact you?

Form submission: Department Chair, Health Education & Behavior, PO Box 118210, FLG-5

You may also e-mail the form to HEB Department Chair

THANK YOU