

Effective *Teaching* Program

New York State United Teachers Education and Learning Trust

EVALUATION COVER SHEET

A separate cover sheet for each instructor must accompany each set of evaluations.

1) INSTRUCTOR NAME: _____

2) INSTRUCTOR NAME: _____

COURSE: _____

LOCATION: _____

DATES: _____

Student Collector's Name _____

Day Phone Number _____

IN CLASS: _____

Date Mailed _____

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