

INFORMATION FORM FOR FACULTY (IFF)

Name _____ Date IFF completed _____ Date SRI completed _____

Course, number, title, section _____ Time scheduled _____

Number of students enrolled _____ Academic rank: Full Professor _____

Associate Professor _____ Assistant Professor _____ Instructor _____

Years of college teaching _____ Teaching load this term _____

Description of course:

_____ (1) lecture	_____ (5) studio
_____ (2) lecture with lab	_____ (6) seminar
_____ (3) lecture/with discussion/recitation	_____ (7) activity (e.g., phys.ed.)
_____ (4) intern/practicum/field experience	_____ (8) other: specify

Please circle the appropriate response.

1. Have you taught this course previously? (1) no (2) yes, once (3) yes, a few times (4) more than a few, but less than many (5) yes, many times
2. How did you feel about this course assignment? (1) did not want it (2) did not matter (3) not a top choice, but preferable to other alternatives (4) wanted it
3. Were the decisions concerning the course (objectives, texts, assignments, exams, etc.) determined by you? (1) no (2) partially (3) yes
4. Majority of students in class were probably: (1) Freshman/Sophomore (2) Sophomore/Junior (3) Junior/Senior (4) Graduate (5) other: specify

5. Were there any circumstances that you feel may have affected the quality of your performance during this course? (1) no (2) yes (please explain)
6. Were there any circumstances that you feel have affected the validity of the information on the SRI (Student Report on Instruction)? (1) no (2) yes (please explain)
7. All things considered, what is the best description of the students of this class? (1) excellent (2) very good (3) typical (4) poor (5) very poor
8. Optional comments about the class. (Use other side if necessary.)