



Request for Evaluation Processing

This form must be submitted as an overall header sheet for processing of evaluations from a university college or department. Evaluation opscans for EACH class must be grouped together and identified with a red opscan CLASS EVALUATION COVER SHEET. For more information please visit our website or call us at the number above.

Department (or College):

Date:

Semester that Evaluations Cover:

These Evaluations are for: (check) Faculty GTAs Both
Other:

Contact Person:

Email:

Phone:

For the blue STUDENT PERCEPTIONS OF INSTRUCTION opscans, answer the following:

Number of Supplementary List 1 questions used department-wide

Maximum active response value*

Number of Supplementary List 2 questions used department-wide

Maximum active response value*

Indicate if summaries for subgroups are required: (check) YES NO

For OTHER opscans used for evaluations, answer the following:

Total number of questions

Maximum active response value*

Has evaluation changed since last administered? : (check) YES NO

* Maximum active response value: Responses such as "no opinion" and "not applicable" must FOLLOW active responses such as "agree" or "excellent." For example, if 1=agree, 2=tend to agree, 3=tend to disagree, 4=disagree, 5=not applicable, the maximum active response value would be "4" and only responses in the range from 1-4 would be averaged.

For Evaluation Pickup Only (Sign when picked up)

Signature: _____ Date: _____