



TEVAL ORDER FORM

Date: _____

Title: _____ First Name: _____ Surname: _____

Telephone: _____

Email: _____

Staff Number: _____ Campus: _____

Faculty: _____

School: _____

Course Code: _____

Course Title: _____

Unit Value: _____ Yr Level: 1st 2nd 3rd >4th

Gender: M F

Age <25 26-30 31-35 36-45 46-55 >56

Position Prof Rdr/AP SnrLect Lect ALect FTTutor PTTutor

Teaching Exp: <1yr 1-2yrs 3-9yrs 10-15yr >16yrs

INSTRUMENT SELECTION (ONE ONLY)

- | | | |
|---|---|--|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Distance/flexible | <input type="checkbox"/> Lecturing |
| <input type="checkbox"/> Independent Project (UG) | <input type="checkbox"/> Tutoring | <input type="checkbox"/> PBL Tutor (General) |
| <input type="checkbox"/> Thesis (PG - Hons/Mas/PhD) | <input type="checkbox"/> Advisor (PG – Hons/Mas/PHD) | <input type="checkbox"/> BEL – Ipswich |
| <input type="checkbox"/> Educational Designer | <input type="checkbox"/> Music Tuition – Instrumental | <input type="checkbox"/> Music |
| <input type="checkbox"/> Tour Course | <input type="checkbox"/> BEL-EVAL | <input type="checkbox"/> PBL Tutor (MEDI) |

Optional Questions Only available for questions numbers not already filled by compulsory items. Not available for BEL-EVAL.

Qu11 _____ Qu12 _____ Qu13 _____ Qu14 _____ Qu15 _____

Qu16 _____ Qu17 _____ Qu18 _____ Qu19 _____

	Evaluation Date	Evaluation Time	Number of Students	Office Use: Reference #
Group 1	_____	_____	_____	_____
Group 2	_____	_____	_____	_____
Group 3	_____	_____	_____	_____
Group 4	_____	_____	_____	_____
Group 5	_____	_____	_____	_____
Group 6	_____	_____	_____	_____
Group 7	_____	_____	_____	_____

The data collected by the Evaluation Services Unit may be aggregated and de-identified for institutional research and reporting purposes.