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| Sultan Qaboos University **College of Nursing** | d:\Users\kalomari\Desktop\5313390042_5219d450c7_z.jpg | جامعة السلطان قابوسكلية التمريض |

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Course Evaluation Report

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1. **Course Identification and General Information**

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| --- | --- |
| Department |  |
| Course Code |  |
| Course Title |  |
| Section |  |
| Semester/Year |  |
| Faculty Name |  |

1. **Course Delivery Methods and Evaluation Methods**

|  |  |  |
| --- | --- | --- |
| * Were all course objectives met and contents covered? | * Yes | * No |
| * Were all teaching and delivery approaches you used in your course linked to SLOs and based on adult learning principles? | * Yes | * No |
| * Were all teaching and delivery approaches you used in your course effective for students to achieve the SLOs? | * Yes | * No |
| * Were all evaluation methods linked with the course objectives and SLOs and based on adult learning principles? | * Yes | * No |
| * Were all evaluation methods you used in your course effective in evaluating the students’ achievement of SLOs? | * Yes | * No |

1. **For Clinical, if applies:**

|  |  |  |
| --- | --- | --- |
| * Were all clinical objectives met and clinical contents covered? | * Yes | * No |
| * Were all clinical instructions you used linked with SLOs and based on adult learning principles? | * Yes | * No |
| * Were all clinical instructions effective for students to achieve the SLOs? | * Yes | * No |
| * Were clinical evaluation methods linked with the course objectives and SLOs and based on adult learning principles? | * Yes | * No |
| * Were all clinical evaluation methods effective in evaluating the students’ achievement of SLOs? | * Yes | * No |

1. **Course Results**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Number of students who were enrolled: |  | | | | |
| * Number of students who completed the course: |  | | | | |
| * Distribution of grades: indicate the percentage of each grade | A | B | C | D | F |
|  |  |  |  |  |
| * In case of unusual grade distribution (i.e. > 50% of students earned A grade), please provide a brief explanation of circumstances that might have affected the grade distribution. |  | | | | |

1. **Conclusion and Plan of Action:**

|  |  |
| --- | --- |
| * Strengths of the course: | |
|  | |
| * Areas of improvement: | |
|  | |
| * What are the actions you plan to implement to improve these areas? | |
|  | |
| * Are there resources you need in order to improve your course? Please specify. | |
|  | |
| Faculty Name: |  |
| Faculty Signature: |  |
| Date: |  |

1. **Comments of Head of Department (HoD):**

|  |  |
| --- | --- |
|  | |
| HoD Name: |  |
| HoD Signature: |  |
| Date: |  |