

[Preview Evaluation Form](#)


UMass Worcester SOM - Medicine Department

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Evaluation Preview
Evaluation Type: FCE Faculty Evaluation

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING: *(Question 1 of 7 - Mandatory)*

My faculty sponsor was appropriately available to me

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

My faculty sponsor was a professional role model for me. *(Question 2 of 7 - Mandatory)*

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

My faculty sponsor addressed my specific learning needs *(Question 3 of 7 - Mandatory)*

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

I was offered constructive feedback *(Question 4 of 7 - Mandatory)*

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

I was treated with respect as a student *(Question 5 of 7 - Mandatory)*

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

I would recommend this faculty sponsor to other students *(Question 6 of 7 - Mandatory)*

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Please provide feedback you would like to share with your faculty sponsor: *(Question 7 of 7)*

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SAMPLE