**STUDENT OPINION OF TEACHING (SOT) PROGRAM**

 **FACTORS POSSIBLY AFFECTING THE RESULTS**

 **OF THE STUDENT OPINION OF TEACHING**

NAME (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_

CLASS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMP.#\_\_\_\_\_\_

(Prefix) (Course #) (Section #)

THIS SHEET MAY BE USED BY FACULTY MEMBERS TO NOTE ANY FACTORS THAT MIGHT AFFECT THE RESULTS OF THE STUDENT OPINION OF TEACHING FOR THIS COURSE (e.g., attendance, new preparation or experimentation with new teaching techniques, substantial portion of the class requirements not yet complete [research projects, group projects, etc.], the level of the course, students previous academic preparation for the course, classroom environment and equipment). COMPLETION OF THIS FORM IS OPTIONAL. It is the faculty members responsibility to photocopy the form, fill it out, place it in a sealed envelope and deliver it to the Department Heads office the day of the SOT administration.

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