Course Report

College and Program:

Course Number:

Course Name:

Semester and Year:

Instructor(s):

Lecture Time:

No. of Students Starting the Course: ( )

No. of Students Completing the Course: ( )

1. Coverage of Planned Program

Topics	% Topics Covered	Notes

2. Course Intended Learning Outcomes (ILOs)

Learning Outcome	% of Achievement (**A:** 75 - 100%**, B:** 50 - 75%**, C:** 25-50%**, D:** less than 25%**)**
1.1	
1.2	
1.3	

3. Material and Resources Evaluation

- Does the material and resources fit well with the course content?

  ☐ YES ☐ NO

- Should changes be considered for the next academic year?

  ☐ YES ☐ NO

- Are there new materials and resources available that should be evaluated?

  ☐ YES ☐ NO

- Does the material and resources fit well into the syllabus?

  ☐ YES ☐ NO

4. Effectiveness of Teaching Strategies

Teaching Strategy	Effective? (Yes/No)	Difficulties Experienced & Suggested Actions
Lectures		
Group Discussion		

5. Assessment Methods

Learning Outcome	Assessment Methods Used
1.1	
1.2	
2.2	

Other Assessments:

- Do other assessments (performance surveys, student feedback) indicate issues?

  ☐ YES ☐ NO

6. Student Performance

- Did students master the material?   ☐ YES ☐ NO
- Are there difficulties in their knowledge of key concepts?   ☐ YES ☐ NO

7. Student Grades Summary

Highest Score in course:	
Lowest Score in the course:	
Average Score in the course:	
Pass Rate in Course:	

This section is for courses with multiple sections across colleges that require more attention:

Section No.	College Name	Highest Score	Lowest Score	Average Score	Pass Rate
_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _

8. Challenges and Recommendations

1. Challenges faced during the course:

   (e.g., resources, facilities, administrative issues, teaching methods, evaluation methods, etc.)

   _____

   _____

2. Recommendations for course improvement:

   _____

   _____

Instructor Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date Report Completed: _ _ _ _ _ _ _ _ _ _ _ _

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Program Coordinator Name: _ _ _ _ _ _ _ _ _ _

Date Received: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Signature: _