FACULTY APPRAISAL OF INSTRUCTIONAL MEDIA

Reviewer: ___________________________ Date: __________________

Title: _______________________________________________________________________

Publisher: ___________________________ Publication Date: __________

Format: Videotape, Computer Software, CD, Laserdisc, Network Service, Other: ___________________________

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How long is the program? ______ Are learning objectives provided? Yes ___ No ___ NA ___
Is there a learner assessment (test) included in the program? Yes ___ No ___ NA ___
Is practice of skills or the application of knowledge included? Yes ___ No ___ NA ___

Rating of Characteristics (1 = Low and 5 = High):

1. Material covered is relevant to curriculum. 1 2 3 4 5
2. Material covered is accurate and up to date. 1 2 3 4 5
3. Material covered is well organized. 1 2 3 4 5
4. Material covered is not too broad or too specific. 1 2 3 4 5
5. Material covered is of appropriate length. 1 2 3 4 5
6. Material covered is of good technical quality. 1 2 3 4 5

Use Potential:

This material might be useful for course #(s): ___________________________
If available, I will definitely use this in one of my courses? Yes ____ No ____ Course # _______
What specific instructional need will this material address? ___________________________

When would you begin using this material (month/year)? _________ of __________
Will it be used for individualized instruction? Yes ______ No ______
Will it be used for small group projects? Yes ______ No ______
Will it be used for a large group presentation or conference? Yes ______ No ______
Approximately how many students will use this material? __________

Recommendation: Buy __________ Don’t Buy __________ No Opinion __________

Additional comments regarding reasons for recommendation: ___________________________

Please forward completed forms to the Frist Nursing Informatics Center.

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