

Course Evaluation Form

Course Title _____

Instructor _____ Date _____

Course Offering *Please circle the appropriate number.*

	Below Expectation		Average		Exceeded Expectation	
1) Course content met your needs:	1	2	3	4	5	
2) Pace of the class:	1	2	3	4	5	
3) Quality of materials and handouts:	1	2	3	4	5	
4) Class location and equipment:	1	2	3	4	5	

Comments _____

Instructor *Please circle the appropriate number.*

	Poor		Average		Excellent	
1) Knowledge of the subject matter:	1	2	3	4	5	
2) Preparation for the class:	1	2	3	4	5	
3) Communicated material effectively:	1	2	3	4	5	
4) Responded well to questions:	1	2	3	4	5	
5) Established positive rapport with learners:	1	2	3	4	5	

Comments _____

Additional Items

Most valuable part of this course:	
Suggestions on improving the course:	
Other comments:	