

# 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/Handouts:	1	2	3	4	5
4) Class Location & 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:	