###### Birmingham Large Users Group

**Education Committee**

**Course Evaluation Form**

|  |  |  |
| --- | --- | --- |
| Course Title: | Class Date(s): | Class Duration: |
| Instructor's Name: | Vendor: | Location of Class: |
|  |  |  |

**1. Place an "X" in the appropriate box by each item below to represent your rating of:**

Poor = 1 Excellent = 5

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
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a. the class material

b. the instructor

c. the exercises

d. the overall course rating

|  |
| --- |
|  |

e. organization of information

f. interest to you

g. relevance to your job

h. validity (technically correct/up to date)

i. depth (thorough treatment of subject)

1. overall course evaluation

**2. Should any other material be provided as supplementary information to this course?**

No: \_\_\_\_\_\_\_ Yes:\_\_\_\_\_\_\_ What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3**. **Are there particular sessions or topics that should be:**

a. deleted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. added: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. expanded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. clarified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. shortened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Were you made aware of the class objectives early in the session?**

Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_

**6. Were the class objectives met by the conclusion of this course?**

Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_

**7. Did you miss any of this class?**

No: \_\_\_\_\_\_\_\_\_\_ Yes: \_\_\_\_\_\_\_\_\_\_\_ If yes, Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Comments:**

**Optional Information**

|  |  |
| --- | --- |
| Student Name: | Student Company: |