



## COURSE EVALUATION

COURSE TITLE \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ ASST INST \_\_\_\_\_

Please rate, on a scale of 1 to 5 your assessment of the course related to the statements below:

	Strongly Disagree				Strongly Agree
The course met my expectations	1	2	3	4	5
The subject level was appropriate for the course	1	2	3	4	5
The time allocated for the course was appropriate	1	2	3	4	5
Printed material were relevant for the course	1	2	3	4	5
Visual Aids were relevant for the course	1	2	3	4	5
Classroom and breakout rooms were satisfactory	1	2	3	4	5

COMMENTS ON THE COURSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Instructor answered all questions effectively	1	2	3	4	5
The Instructor was an effective presenter of the course	1	2	3	4	5
The Instructor encourages student participation	1	2	3	4	5
The Instructor answered all questions effectively	1	2	3	4	5

COMMENTS ABOUT THE INSTRUCTOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OVER

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WHAT DID YOU FIND THE MOST BENEFICIAL PART OF THE COURSE: \_\_\_\_\_

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WHAT DID YOU FIND THE LEAST BENEFICIAL PART OF THE COURSE: \_\_\_\_\_

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WHAT IS YOUR OVERALL OPINION OF THE COURSE:

Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Needs Improvement: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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RECOMMENDATIONS FOR IMPROVING THE COURSE: \_\_\_\_\_

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NAME (Optional): \_\_\_\_\_