

# Course Evaluation

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

Instructor(s) Name(s): \_\_\_\_\_

**Response Key:** Strongly Agree 5    Agree 4    Neutral 3    Disagree 2    Strongly Disagree 1

TOPIC	STATEMENT	RESPONSE (circle your response)				
<b>Materials</b>	1. The course materials were clearly written.	5	4	3	2	1
	2. The course materials were logically organized.	5	4	3	2	1
	3. The course materials were inviting to read.	5	4	3	2	1
	4. The course materials helped me learn the concepts presented in the course.	5	4	3	2	1
	5. The screen shots in the course materials were legible.	5	4	3	2	1
	6. The course activities helped me learn the concepts presented in the course.	5	4	3	2	1
	7. The course information was relevant to my job.	5	4	3	2	1
	Additional comments on the materials:					

<b>Structure</b>	1. Enough course time was spent on each topic.	5	4	3	2	1
	2. Enough course time was spent on practice.	5	4	3	2	1
	3. The practice material represented the real world.	5	4	3	2	1
	4. The amount of material covered was appropriate for the time allowed.	5	4	3	2	1
	Additional comments on the structure:					

*I am a two-sided form. Please turn me over.*

TOPIC	STATEMENT	RESPONSE (circle your response)									
		Instructor 1 Name: _____					Instructor 2 Name: _____				
<b>Instructor(s)</b>		Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
	1. The instructor was well prepared for the course.	5	4	3	2	1	5	4	3	2	1
	2. The instructor had an effective presentation style. (Enthusiasm, eye contact, vocal projection)	5	4	3	2	1	5	4	3	2	1
	3. The instructor answered questions thoroughly.	5	4	3	2	1	5	4	3	2	1
	4. The instructor used real-world examples that held my interest.	5	4	3	2	1	5	4	3	2	1
Additional comments about the instructor:											

TOPIC	STATEMENT	Strongly Agree					Strongly Disagree				
		Agree	Agree	Neutral	Disagree	Disagree	Agree	Agree	Neutral	Disagree	Disagree
<b>Facilities</b>	1. The room temperature was comfortable – not too hot, not too cold.	5	4	3	2	1	5	4	3	2	1
	2. The lighting was adequate – not too bright, not too dark.	5	4	3	2	1	5	4	3	2	1
	3. The number of students in the room was acceptable – not too many, not too few.	5	4	3	2	1	5	4	3	2	1
	Additional comments on the facilities:										

**Overall**

1. Based on what you learned in this course, do you feel confident in your ability to do your job?  
Please explain.

\_\_\_\_\_

\_\_\_\_\_

2. What recommendations do you have for improving this course?

\_\_\_\_\_

\_\_\_\_\_

3. Do you feel your time spent in this course was worthwhile? Please explain.

\_\_\_\_\_

\_\_\_\_\_

Name: (optional) \_\_\_\_\_

Ext. \_\_\_\_\_

Please leave this form at the back of the room as you exit.

**Thank you for your feedback!**