



Class Evaluation

Course Title: _____ Date: _____

Class Number: _____ Instructor: _____

Instructions: Please take a moment to complete this evaluation of the course in which you participated. We want to provide excellent courses, and we value your opinion. Rate the following questions following the scale and provide comments whenever possible.

	Poor	Fair	Adequate	Good	Excellent	N/A
1. How effective was the lead instructor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How effective were the assistant instructors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Was preparation and planning by the instructor(s) evident?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How effective was the instructor's presentation of the course material?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did the instructor(s) encourage student participation and feedback?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Was the classroom environment suitable? (freedom from distractions, room temperature, ability to adequately see/hear)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Was the textbook helpful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Were the handouts helpful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Were the audiovisuals helpful? (PowerPoints, videotapes, overheads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Were practical sessions adequate? (time allotted, materials, evaluators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

13. What was the best part of the course/class?

14. What part of the course/class needs the most improvement?

15. What part of the course/class would you like to see changed?

16. Did the instructor arrive on time for class(es)? Yes, No If no, please explain why:

17. Would you attend more classes presented by the instructor? Yes, No If no, please explain why:

18. Additional Comments (use back of sheet if you require more room):

Optional:

If for ANY reason you would like to be contacted regarding this class, the facilities, the instructor, or have any other matter you would like to discuss please submit your contact information below. *All information will be kept confidential.*

Name: _____ Phone: _____

E-Mail: _____ Cellular: _____