

Course Evaluation Form

Date: _____

Course Name: _____

Sponsoring Agency: _____

Instructor's Name(s): _____

Class Location: _____

Assessment - Please circle the number that best represents your opinion.

Instructor(s)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Made course expectations and objectives clear	5	4	3	2	1
2. Related materials to class needs	5	4	3	2	1
3. Used course text and materials effectively	5	4	3	2	1
4. Knew subjects thoroughly	5	4	3	2	1
5. Encouraged participation	5	4	3	2	1
6. Answered questions completely	5	4	3	2	1
7. Tolerated differences of opinion	5	4	3	2	1

Classroom	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
8. Was comfortable	5	4	3	2	1
9. Contained minimum number of distractions	5	4	3	2	1

Activities	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
10. Included a manageable number of students	5	4	3	2	1
11. Adequate/enough equipment available	5	4	3	2	1
12. Activities performed were realistic	5	4	3	2	1
13. Activities were relevant to the course	5	4	3	2	1
14. Adequate opportunity to perform activities	5	4	3	2	1

Audio/Visual	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
15. Related to the course	5	4	3	2	1
16. Good quality	5	4	3	2	1
17. Appropriate number	5	4	3	2	1
18. Easy to see	5	4	3	2	1

Printed Material	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
19. Well organized	5	4	3	2	1
20. Complete	5	4	3	2	1
21. Legible	5	4	3	2	1

Suggestions (Please Print Legibly)

If you answered Unsure, Disagree, or Strongly Disagree on any of the above questions, please explain why.

What other classes would you like added to the curriculum?

Please indicate when you would be most likely to attend future classes. (Multiple selections are OK)

22. Day of week	Sun	Mon	Tue	Wed	Thu	Fri	Sat
23 Time of day	Morning	Afternoon		Evening		Night	