



Course Evaluation Form

Your name (optional): \_\_\_\_\_

Course Title: \_\_\_\_\_

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

Instructor: \_\_\_\_\_

Please circle the number for each statement using the key below. Feel free to add comments.

1. Strongly Disagree

2. Somewhat Disagree

3. Undecided

4. Somewhat Agree

5. Strongly Agree

**General**

1. Sufficient time was allowed for each topic.
2. The workbook or reference material added to the instructor's lesson
3. Lecture and hands-on exercises kept my interest.
4. The material covered in this class will make me more productive.

**Instructor/Presentation**

1. The instructor was prepared for the class.
2. The instructor used class time effectively.
3. The instructor adjusted the class to the student's level as needed.
4. The instructor seemed concerned with student's progress.
5. I felt free to ask questions.
6. The instructor had the knowledge level required to teach this class.
7. The instructor maintained a balance between lecture and hands-on exercises.

**Facilities**

1. The room temperature was comfortable.
2. The desks and chairs were comfortable.
3. The Audio Visual equipment used added to the class.
4. The training facility was free from outside distractions.

Would you recommend this class to others?

Why or why not? \_\_\_\_\_

Your overall rating of this class:

Additional comments: \_\_\_\_\_

Thank you!