

Please Give Us Your Thoughts

Date: _____ Course #: _____
Course title _____ Instructor: _____

Name (optional): _____
May we quote your comments in our catalog? Yes _____ No _____

Scale: 1 is poor or low and 5 is excellent or high. 3 is average. Put NA if not applicable

Course Content

Did the course cover what you expected? 1 2 3 4 5

Did the course catalog description accurately portray the class? 1 2 3 4 5

Presentation

Was the class well organized? 1 2 3 4 5

Were you encouraged to participate and was the instructor responsive? 1 2 3 4 5

Handouts

Did the handouts/materials enhance your learning? 1 2 3 4 5

Facility

Did you have any problems with the room or facility?

Overall Evaluation

How would you rate the instructor, overall? 1 2 3 4 5

How would you rate the class content, overall? 1 2 3 4 5

Please give us your thoughts about the teacher:

What did you get out of the content of this class?

What changes might you suggest?

Would you recommend the class to a friend?

Please use the back of this sheet to add comments and suggestions.

We would also appreciate receiving the following optional demographic information from you.
This will help us to meet the needs of our students and to plan courses for the future.

Gender _____ Age _____ Highest year of school attended _____
Marital status _____ zip code _____ Job title _____