

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?

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 _____

You may also email your comments to us: feedback@compuskills.com