

**CTC Continuing Education
Personal & Professional Development Center**

COURSE EVALUATION

INSTRUCTOR NAME: _____

COURSE NAME: _____ DATE: _____

Please complete the following questions by circling the appropriate level of satisfaction.

E – Excellent **VG** – Very Good **G** – Good **P** – Poor **VP** – Very Poor

- | | |
|---|--------------------|
| 1. Use of class time and organization of the course: | E VG G P VP |
| 2. Demonstration of expected skills: | E VG G P VP |
| 3. Opportunities for practicing what was learned: | E VG G P VP |
| 4. Instructor's classroom presentation: | E VG G P VP |
| 5. Instructor's use of examples and illustrations: | E VG G P VP |
| 6. Instructor's ability to answer students' questions: | E VG G P VP |
| 7. Instructor's preparation for class: | E VG G P VP |
| 8. Instructor's enthusiasm for the subject: | E VG G P VP |
| 9. Instructor's ability to break skills into meaningful components: | E VG G P VP |
| 10. Instructor's effectiveness in teaching the subject matter: | E VG G P VP |
| 11. Condition of the facility: | E VG G P VP |
| 12. The course overall: | E VG G P VP |
| 13. Would you recommend this class to other students who want instruction in this subject?
() Yes () No () Neutral - If no or neutral, why? | |

How did you hear about this class?

How could this class be improved?

What were the best features of this class?

What other class topics would you like to see presented?
