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: __________
2. Demonstration of expected skills: __________
3. Opportunities for practicing what was learned: __________
4. Instructor’s classroom presentation: __________
5. Instructor’s use of examples and illustrations: __________
6. Instructor’s ability to answer students’ questions: __________
7. Instructor’s preparation for class: __________
8. Instructor’s enthusiasm for the subject: __________
9. Instructor’s ability to break skills into meaningful components: __________
10. Instructor’s effectiveness in teaching the subject matter: __________
11. Condition of the facility: __________
12. The course overall: __________
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?
__________________________________________________________________________

Course Evaluation Form, Revised 06/2010