



**COURSE AND INSTRUCTORS EVALUATION FORM**

Instructor Name \_\_\_\_\_

Course Title \_\_\_\_\_ CID# \_\_\_\_\_

**THE COURSE:**

<b><u>My overall rating of this course:</u></b>	N/A	Below Average	Average	Above Average	Excellent
	1	2	3	4	5
Objectives were presented clearly and easily understood.					
Objectives were achieved.					
Satisfied with the course materials.					
Course was well planned and organized.					

**What courses would you like to see offered through Workforce Continuing Education?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE INSTRUCTOR:**

<b><u>My overall rating of this instructor:</u></b>	N/A	Below Average	Average	Above Average	Excellent
	1	2	3	4	5
Presents the material in an organized way.					
Uses illustrations and explanations that are clear and understandable.					
Speaks clearly and distinctly.					
Demonstrates enthusiasm in teaching.					
Encourages students to participate in the Learning process.					
Begins and ends class on time.					

**Would you recommend this instructor to another student? \_\_\_ Yes \_\_\_ No**

**COMMENTS/RECOMMENDATIONS:**

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