



Instructor(s): _____

Date: _____

Course Title: _____

Section: _____

Number of Participants/Respondents: _____

Please enter in the box the number of respondents that selected the item.

Overall, were you satisfied with the course?	Yes	<input type="text"/>
	No	<input type="text"/>
	No Response	<input type="text"/>

	Not Applicable	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree	No Response
The instructor was regularly well prepared for the course.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The Learning Outcomes for the course was clearly explained.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The instructor delivered the course content in a clear and effective manner.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The learning resources contributed to the attainment of the Learning Outcomes.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The Learning Outcomes for the course were met by the course objective.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taking this course has better prepared me to find work, obtain a certification, and/or a license.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
My Learning Objective(s) has been met by this course.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Data Entry Clerk

Coordinator

Unit Head