



Instructor(s): _____

Date: _____

Course Title: _____

Section: _____

	Not Applicable	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree
Overall, were you satisfied with the course? Yes___ No___						
The instructor was regularly well prepared for the course.	0	1	2	3	4	5

The Learning Outcomes for the course was clearly explained.	0	1	2	3	4	5

The instructor delivered the course content in a clear and effective manner.	0	1	2	3	4	5

The learning resources contributed to the attainment of the Learning Outcomes.	0	1	2	3	4	5

The Learning Outcomes for the course were met by the course objective.	0	1	2	3	4	5

Taking this course has better prepared me to find work, obtain a certification, and/or a license.	0	1	2	3	4	5

My Learning Objective(s) has been met by this course.	0	1	2	3	4	5

Please comment:

What did you like about the course? _____

What improvements would you like to see in the course? _____

Do you have suggestions for future course(s)? _____

Additional comments or testimonial: _____

If a testimonial, may we use your name in our publicity? Yes___ No___

If yes, please print and sign your name: Print: _____

Signature: _____ Date: _____