

# Course Evaluation

Please take the time to fill out this evaluation form. Do not sign it unless you want to discuss this evaluation in further detail with the instructor in person. The contents will be returned to the instructor for further consideration. If comments need to be continued on back – please indicate when this is done.

**Title of Class:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**1. Was the class about the right length?** Please circle one: YES NO

**2. Did the class need to be?** Please circle one: LONGER SHORTER Was just right.

**3. Did the class cover the areas you thought it should?** YES NO

If NO, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Was there a handout?** YES NO Not needed

**4a. If YES, did it meet your expectations?** YES NO

**IF NO to question 4a** - please explain what improvements are needed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If the class had a cost associated with it – was it?** Please circle one.

JUST RIGHT TOO HIGH TOO LOW

**What improvements (if any) would you like to see made to this class?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What other classes would you like to see this instructor teach?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_