



## Course Evaluation Form

Name \_\_\_\_\_

Title \_\_\_\_\_ Email address \_\_\_\_\_ Organization \_\_\_\_\_

Course Title \_\_\_\_\_

Class Date(s) \_\_\_\_\_ Facility Location (City, State, Country) \_\_\_\_\_

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Course Objectives were clear	1	2	3	4	5
Course Objectives were achieved	1	2	3	4	5
Course Content met my expectations	1	2	3	4	5
Instructor was knowledgeable/effective	1	2	3	4	5
Class was relevant to my job	1	2	3	4	5

If you liked the class, and wouldn't mind sharing your comments with others who might consider taking this class in the future, please write a sentence about why you felt this course was valuable.

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Can you offer any specific recommendations to make this class more valuable to you?

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- Please use the page's verse if want to make any other comment.