



COURSE EVALUATION FORM

Date: _____ Course Title: _____

Instructor: _____

Please answer the following statements by circling the appropriate number.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|-------------------|----------|-------|----------------|
| 1. The course met the stated objectives. | 1 | 2 | 3 | 4 |
| 2. The instructors exhibited mastery of their subjects. | 1 | 2 | 3 | 4 |
| 3. The teaching methods utilized were appropriate. | 1 | 2 | 3 | 4 |
| 4. The space, lighting, and acoustics were adequate. | 1 | 2 | 3 | 4 |
| 5. The handouts and/or audiovisuals were useful. | 1 | 2 | 3 | 4 |
| 6. The information presented will be helpful in my work setting. | 1 | 2 | 3 | 4 |

Comments:
