

## Course Evaluation

Please take a few minutes to evaluate the course and presentation. Thank you.

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ AM/PM

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

Please rate the following:

	Agree	Moderate	Disagree
Instructor was knowledgeable about the topic.			
Instructor was on time.			
Instructor was an effective presenter.			
Instructor was well prepared and organized.			
Audiovisuals were effective.			
Handouts were helpful.			
Session held my interest.			

Do you believe today that you acquired skills/knowledge that can be applied to your job?

Yes

No

What I liked most: \_\_\_\_\_

\_\_\_\_\_

What I liked least: \_\_\_\_\_

\_\_\_\_\_

The most important thing I learned: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_