



# Course Evaluation

Student Name: Insert your name (optional)

Amy Walker, Instructor

Course Title: Insert Course Name

Date: Date of completion

## Overall Course Rating

How would you rate the course? (check one)

Very Poor			Neutral			Very Good
<input type="checkbox"/> (-3)	<input type="checkbox"/> (-2)	<input type="checkbox"/> (-1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input checked="" type="checkbox"/> (3)

How closely did this course meet your expectations?

<input type="checkbox"/> (-3)	<input type="checkbox"/> (-2)	<input type="checkbox"/> (-1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input checked="" type="checkbox"/> (3)
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## Course Content and Structure

How well did the course meet stated objectives?

<input type="checkbox"/> (-3)	<input type="checkbox"/> (-2)	<input type="checkbox"/> (-1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input checked="" type="checkbox"/> (3)
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How understandable was the course content?

<input type="checkbox"/> (-3)	<input type="checkbox"/> (-2)	<input type="checkbox"/> (-1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (2)	<input type="checkbox"/> (3)
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How useful is the online content?

<input type="checkbox"/> (-3)	<input type="checkbox"/> (-2)	<input type="checkbox"/> (-1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input checked="" type="checkbox"/> (3)
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## Instructor Rating (classroom courses only, online students may skip this section)

Overall, how would you rate your instructor?

(-3)	(-2)	(-1)	(0)	(1)	(2)	(3)
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How well did the instructor demonstrate knowledge of the subject?

(-3)	(-2)	(-1)	(0)	(1)	(2)	(3)
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How effective was the instructor's course delivery technique?

(-3)	(-2)	(-1)	(0)	(1)	(2)	(3)
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How well did instructor appropriately guide classroom participation?

(-3)	(-2)	(-1)	(0)	(1)	(2)	(3)
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How well did instructor respond to questions?

(-3)	(-2)	(-1)	(0)	(1)	(2)	(3)
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**Comments and Remarks** (use tab or mouse to advance to the next comment area)

1. Please comment on the pace and duration of the course.

*good pace for  
questions*

2. What would improve this course?

*deal  
projection screen*

3. What was the most positive aspect of your learning experience?

*passing the test*

4. What area requires the most improvement?

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PERT may not use my comments in any public materials.