



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 type="checkbox"/> (2)	<input checked="" 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)	<input checked="" type="checkbox"/> (3)
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How well did the instructor demonstrate knowledge of the subject?

(-3)	(-2)	(-1)	(0)	(1)	(2)	<input checked="" type="checkbox"/> (3)
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How effective was the instructor's course delivery technique?

(-3)	(-2)	(-1)	(0)	(1)	(2)	<input checked="" type="checkbox"/> (3)
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How well did instructor appropriately guide classroom participation?

(-3)	(-2)	(-1)	(0)	(1)	(2)	<input checked="" type="checkbox"/> (3)
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How well did instructor respond to questions?

(-3)	(-2)	(-1)	(0)	(1)	(2)	<input checked="" type="checkbox"/> (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.

Course was good
pace was good.

2. What would improve this course?

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

The teacher was able
to communicate important
complex info into under
standable
terms.

4. What area requires the most improvement?

PERT may use my comments in testimonials and advertising materials.

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PERT may not use my comments in any public materials.