

# Participant Course Evaluation



Course .....

Lecturer .....

Date .....

*In an effort to evaluate and improve courses, we are seeking feedback concerning key aspects of each course. Please read the following statements carefully and circle the response that best indicates your opinion. Feel free to write comments on the back of this evaluation. **Thank you for your participation.***

Statements		Excellent	Good	Fair	Poor
1	The course syllabus reflected the actual subjects covered	4	3	2	1
2	Course materials and supplies were appropriate	4	3	2	1
3	The instruction included hands-on training where appropriate	4	3	2	1
4	Instruction included problem solving	4	3	2	1
5	The course met your career objectives	4	3	2	1
6	Good work habits and suggestions were included in instruction	4	3	2	1
7	Work-based learning opportunities were available	4	3	2	1
8	The course will assist me in contributing to my job	4	3	2	1
9	Daily instruction is well-planned	4	3	2	1
10	We were given time to ask questions	4	3	2	1
11	I would recommend this class to my friends	4	3	2	1
12	The instructor was informative and knowledgeable	4	3	2	1

Please provide any comments that we can use to improve or adjust the course content, and the overall experience. **Thank you.**

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Participant Name .....  
(Optional)