

AUGMENTATIVE-ALTERNATIVE COMMUNICATION & SPECIAL POPULATIONS

Including Access Needs (3 CE HOURS)

COURSE EVALUATION

Learner Name: _____ Completion Date: _____

PT PTA OT OTA SLP SLPA Other: _____

| | Disagree | | | Agree | | |
|---|----------|---|---|-------|---|-----|
| | 1 | 2 | 3 | 4 | 5 | |
| Orientation was thorough and clear | 1 | 2 | 3 | 4 | 5 | |
| Instructional personnel disclosures were readily available and clearly stated | 1 | 2 | 3 | 4 | 5 | |
| Learning objectives were clearly stated | 1 | 2 | 3 | 4 | 5 | |
| Completion requirements were clearly stated | 1 | 2 | 3 | 4 | 5 | |
| Content was well-organized | 1 | 2 | 3 | 4 | 5 | |
| Content was informative | 1 | 2 | 3 | 4 | 5 | |
| Content's cross-disciplinary relevance was evident | 1 | 2 | 3 | 4 | 5 | |
| Content reflected stated learning objectives | 1 | 2 | 3 | 4 | 5 | |
| Exam assessed stated learning objectives | 1 | 2 | 3 | 4 | 5 | |
| Exam was graded promptly | 1 | 2 | 3 | 4 | 5 | |
| Satisfied with learning experience | 1 | 2 | 3 | 4 | 5 | |
| Satisfied with customer service (if applicable) | 1 | 2 | 3 | 4 | 5 | n/a |

What suggestions do you have to improve this program, if any?

What educational needs do you currently have?

What other courses or topics are of interest to you?
